

**PATIENT PRESENTING CLINICAL SIGNS**

Bubs Cortright Inappetence, weight loss, lethargy, diabetic. Medication: insulin, cerenia, cat lax, mirtazapine

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline **Urinary System**

The urinary bladder is normal in size and tone. The visible pelvic urethra to a depth of 2 cm. Anechoic urine was present in the lumen with moderate nondependent accumulated particulate sediment which may indicate cellular debris/protein crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**BREED**

DSH

**SEX**

Neutered Male

The area of the aortic trifurcation was free of pathology.

**AGE**

2007

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Pinpoint medullary mineral and intermittent small cortical cysts. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.5 cm in length. The right kidney measured 4.7 cm in length.

**WEIGHT**

11.1

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm.

**INTERPRETED BY**

R. McKenzie Daniel,  
 DVM, DABVP  
 (Canine and Feline)

**Spleen**

The spleen is borderline to mild enlarged exhibiting capsule symmetry and variably echogenic to hypoechoic splenic parenchyma with multiple mildly expansive mildly non homogenous splenic nodules. Example of splenic nodule 0.7 cm in diameter.

**IMAGING PERFORMED BY**  
 Rebekah Jakum, CVT  
 ARDMS/RVT

**Liver/Gallbladder**

**HOSPITAL NAME**

Cherryville AH

The liver exhibiting potential for borderline enlargement. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Miller

**Gastrointestinal**

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The stomach presented overtly normal intact wall layering with a normal wall layer ratio. The stomach was moderately distended with retained anechoic fluid.

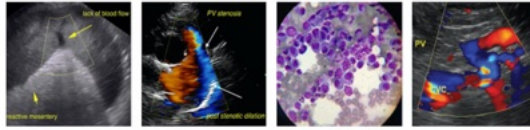
**DATE**

8/8/2023

The small intestine presented with generalized thickened wall layering most notable in the generalized duodenum exhibiting loss of discernable duodenal wall layering. Mild duodenal ileus was present without evidence of intestinal obstructive pattern. Generalized propensity for variably prominent jejunal ilial muscularis layer. The duodenum wall measured 0.59 cm width. The jejunum wall measured 0.30 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

**Pancreas**



**PATIENT**

Bubs Cortright

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**Free Abdomen**

**SPECIES**

Feline

No overtly visualized or significant omental lymphadenopathy. Intermittent, small pocket of scant primarily peri intestinal free fluid along with region increase primarily peri intestinal omental echogenicity.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

- Moderate urinary bladder sediment.

**SEX**

Neutered Male

- Chronic renal changes exhibiting intermittent cortical cysts.
- Irregular/nodular spleen.

**AGE**

2007

- Possible borderline hepatomegaly.
- Hypomotile stomach

**WEIGHT**

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- Generalized thickened small bowel. Most notable in the duodenum with loss of duodenal wall layering – consistent with infiltrative enteropathy criteria.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further assessment primary concern for multi centric intestinal splenic and possible hepatic round cell neoplasia i.e., lymphoma or other indicated. Generalized variable inflammatory infiltrative enteropathy/IBD or less likely granulomatous enteropathy (dry FIP) with splenic hyperplasia, hematopoiesis, splenitis, or other benign splenic etiology possibly thought less likely. Further assessment may include assuming normal clotting status screening hepato splenic FNA cytology using 25-gauge needle.

**IMAGING**

**PERFORMED BY**

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 ARDMS/RVT

**HOSPITAL NAME**

Cherryville AH

Empirically, as needed gastrointestinal support cobalamin supplementation, +/- IBD protocol with close monitoring of serum glucose levels would be reasonable. However, an unfavorable long-term prognosis suspected.

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For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

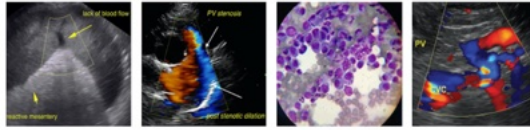
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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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Feline

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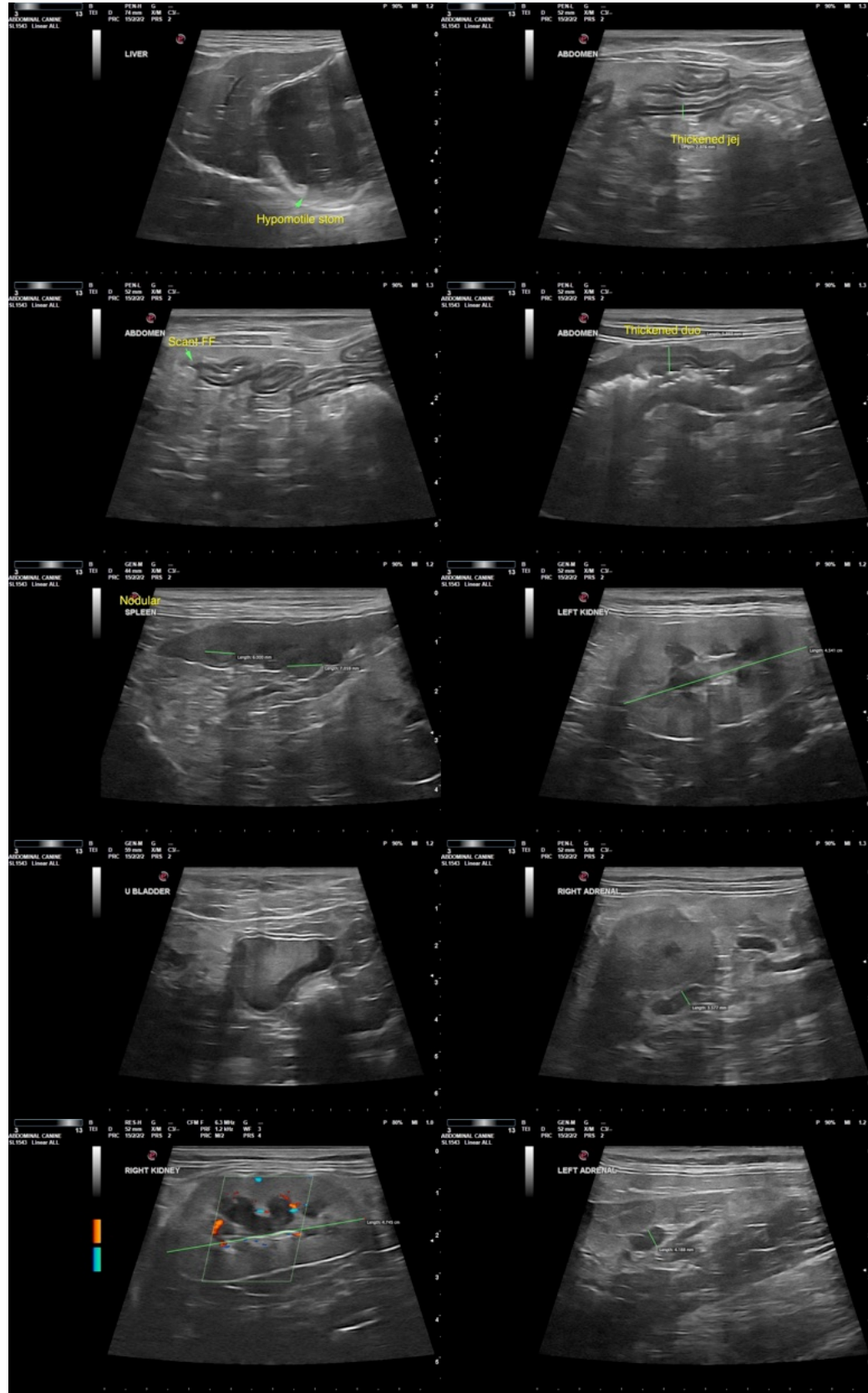
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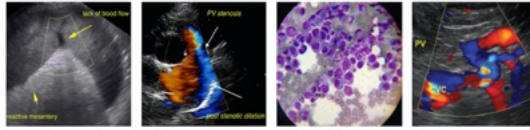
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**PATIENT**

Bubs Cortright

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Feline

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

**BREED**

DSH

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