



## PATIENT

Rusty Druke

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

15 years

## WEIGHT

10.82 lbs

## INTERPRETED BY

Remo Lobetti, BVSc,  
MMedVet (Med),  
PhD, Dipl. ECVIM

## IMAGING PERFORMED BY

Dr. Julie Kang

## HOSPITAL NAME

Sabino VC

## REFERRING VET

Dr. Kang

## INVOICE

68673

## DATE

11/13/25

## PRESENTING CLINICAL SIGNS

History: Workup for hypercalcemia and weight loss. Tx: Started Amlodipine 2.5mg/mL (0.25mL [0.625mg] PO q24h) on 9/17/2025.  
Abnormal PE/Chem/CBC/UA Results: 09/04/2025 12:38 PM: CBC - mildly low RBC count (5.8), low normal HCT (32%) <-- 8.2/39% in 3/2023, mild neutropenia (1944). Chem21 - mild azotemia (BUN 33/Creat 2.6/SDMA 17.4 <-- 29/2.1/12.5 in 3/2023), mild hyperglycemia (188), mild hypercalcemia (12.4). TT4 - WNL (2.5). UA - 1.016, unremarkable otherwise. Triple - negx3. 09/17/2025 11:42 AM: Doppler BP - 180,204,230,240,200,194 --> Average systolic 208 mm/Hg. iCa - 1.49 (1.16-1.34), Ca - 12.3 (8.2-10.8). Weight trend: 10.82lbs on 11/13/2025 <-- 12.6lbs on 9/12/2025 <-- 14.5lbs in 7/2024. 11/13/2025 - Doppler BP - 140,135,134,134,130--> Average systolic ~135mm/Hg. Thoracic radiographs: unremarkable thorax, no evidence of metastatic dz.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Enlarged iliac lymph node measuring 0.6 x 1.6 cm in size with a rounded shape and a hypoechogenic appearance. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.6 cm, right measured 3.5 cm), with normal echogenic appearance, cortico-medullary differentiation, and capsule. Normal right pelvis, mild left-sided pyelectasia. No mineralization or renoliths evident. Right-sided infarct is evident. Normal color flow pattern is evident in both kidneys.

A small mass/nodule on the cranial pole of the left kidney with a mottled echogenic and irregular appearance measuring 0.9 x 1.0 cm in size.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.95 cm in length x 0.47 cm and 0.33 cm in width. The right adrenal gland measured 0.79 cm in length x 0.12 cm and 0.2 cm in width.

### Spleen

The spleen is enlarged and measured 1.2 cm in width maintaining a normal echogenic appearance, smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.



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### *Liver*

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

### *Gallbladder*

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

### *Gastrointestinal*

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

### *Pancreas*

Normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

### *Free Abdomen*

Normal mesenteric lymph nodes.

Prominent appearance of the gastric lymph nodes measuring 0.3 x 0.7 cm in size with a hypoechoic appearance and a rounded shape.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Gastric and iliac lymphadenomegaly.
- Splenomegaly.
- Right renal nodule/small mass.
- Left-sided pyelectasia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the presenting clinical signs the gastric and iliac lymphadenomegaly, splenomegaly and the right kidney mass, the most likely etiology would be neoplasia such as lymphoma with granulomatous disease a less likely differential diagnosis.



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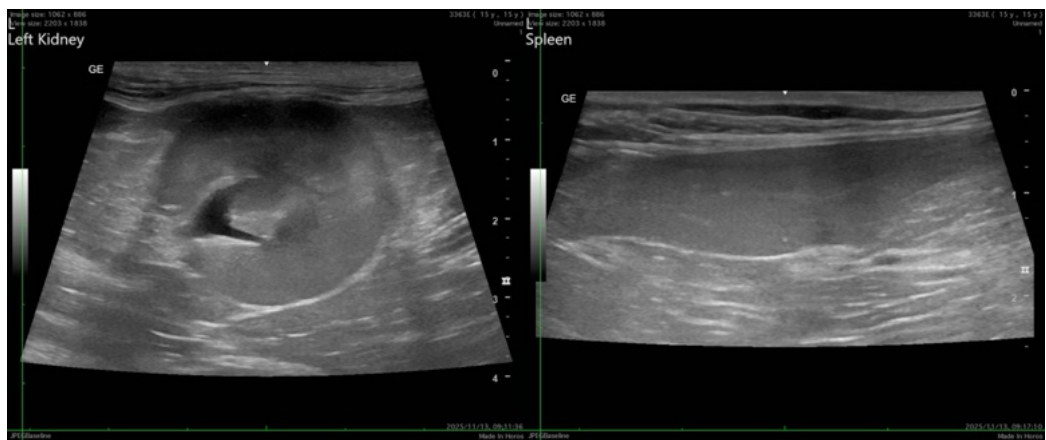
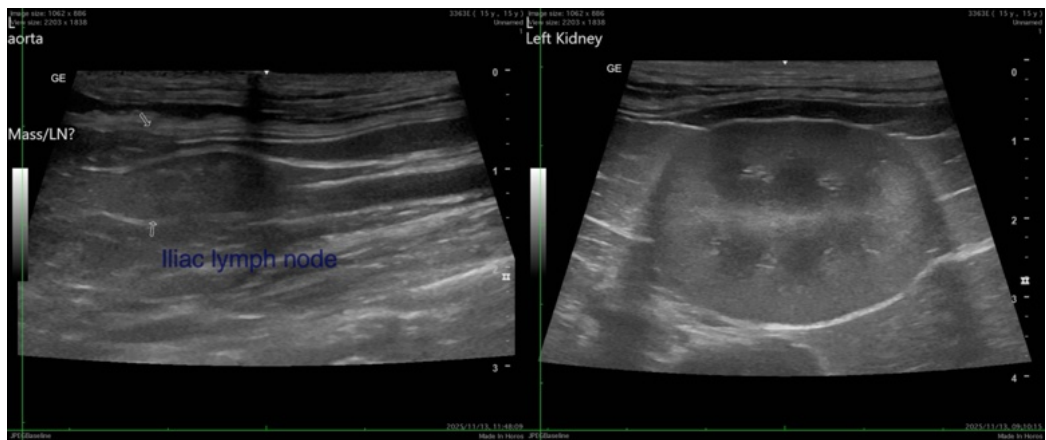
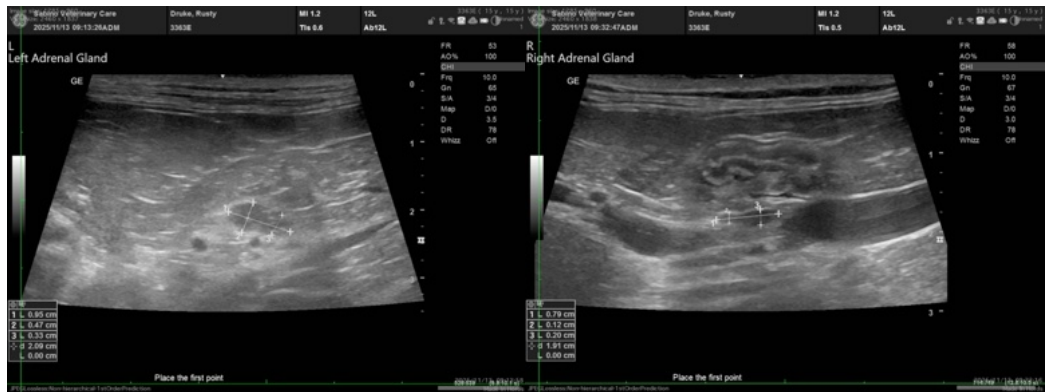
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The pyelectasia is most likely an incidental finding; however, underlying low-grade pyelonephritis should still be considered.

Further assessment would be urinalysis, possibly urine culture and FNA cytology of the renal mass, spleen and lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.





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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.

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.



## PATIENT

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

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