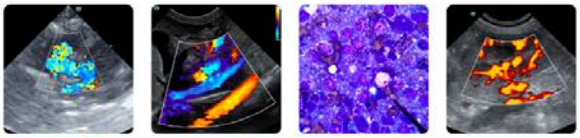



SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948

**PATIENT**

Firkin Montgomery

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years 6 Months

**WEIGHT**

12.6 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Pet Care Clinic of the High Country

**REFERRING VET**

Dr. Watson

**INVOICE**

71811

**DATE**

11/14/25

## PRESENTING CLINICAL SIGNS

P presented for routine annual exam. No issues. rdvm noticed slight icterus on exam. Bloodwork showed elevated liver values, GGT, and Tbili. Rec US.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Full urinary bladder containing a moderate amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall.

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

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size, with increased echogenic appearance, but maintaining a normal cortico-medullary differentiation, pelvis and capsule. No infarcts, mineralization or renoliths evident. The kidneys measured 4.3 cm each and show a normal color flow pattern.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 1.18 cm in length x 0.30 cm and 0.47 cm in width. Right measures 1.02 cm in length x 0.58 cm and 0.49 cm in width.

### *Spleen*

Normal size (0.90 cm in width) and 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.

### *Liver*

Normal size, with a diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. A focal hypoechogenic nodule is noted in the right caudal lobe, measuring approximately 0.90 cm x 1.3 cm. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

### *Gallbladder*

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*

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The pancreas is mildly enlarged (left pancreas measures 0.90 cm in width) with a hypoechogenic appearance and an irregular capsule. Mild increase in the echogenic appearance of the mesentery and fat surrounding the pancreas.

### *Free Abdomen*

Normal mesenteric lymph nodes.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Hepatic nodule.
- Chronic pancreatitis versus pancreatic fibrosis.
- Urinary bladder sediment.
- Age related renal changes versus early chronic kidney disease.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

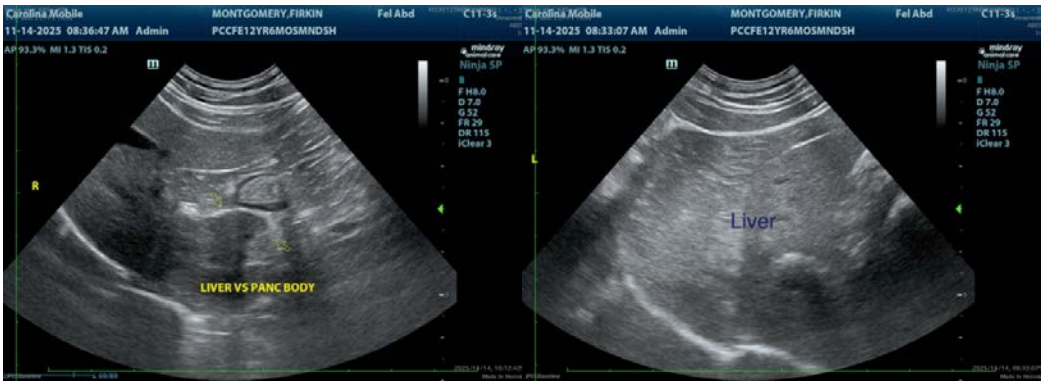
Etiologies for the hepatopathy would be reactive hyperplasia, vacuolar, and metabolic, with cholangiohepatitis complex and neutrophilic/lymphocytic cholangitis being less likely differential diagnoses. Granulomatous disease and infiltrative neoplasia would be highly unlikely differential diagnoses.

The most likely etiology for the hepatic nodule would be nodular hyperplasia.

The most likely etiology for the urinary bladder sediment would be incidental debris, with crystalluria being a differential diagnosis, and bacterial cystitis being a less likely differential diagnosis.

Further assessment would include urinalysis, possibly urine culture, fPL/PSL assay, and FNA cytology of the liver.

Specific therapy would be dependent on an etiological diagnosis.



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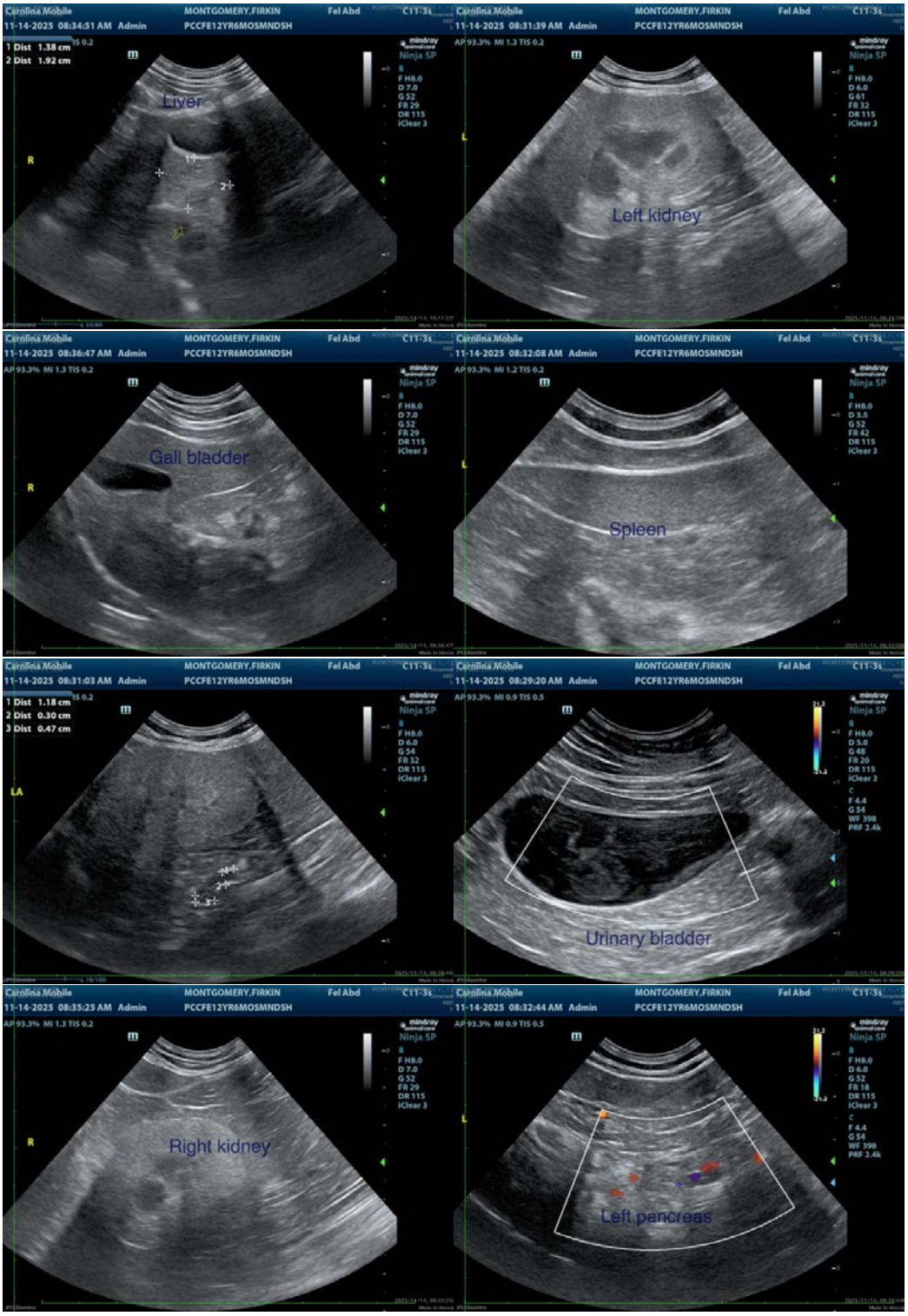

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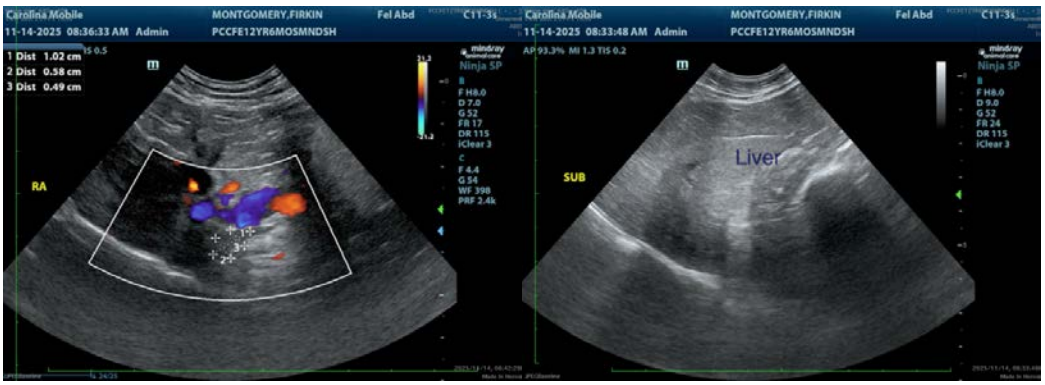


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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

info@sonopath.com