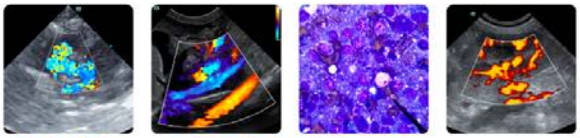



SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

**PATIENT**

Rocky Belbeck

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

8.41 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Colborne Vet Clinic

**REFERRING VET**

Dr. Featherstone

**INVOICE**

72180

**DATE**

11/28/25

## PRESENTING CLINICAL SIGNS

Presented for a 1-2 week history of inappetence, lethargy, and halitosis. - Refusing his regular food, various types of soft food, and even treats, which is described as very unusual for him - His energy level has decreased, and he is sleeping more than usual. - Appears clinically euhydrated, though may be subclinically dehydrated due to reduced intake. - Mucous membranes are slightly pale. Capillary refill time < 2 seconds. Current Medications Capstar and revolution. Was waiting for Rad and BW report.

Abnormal PE/Chem/CBC/UA Results: Rad report stated "The left kidney is abnormal. There is also evidence of retroperitoneal fluid in the left retroperitoneal space, but of greater concern is there may also be small gas bubbles. In this there is an explanation for the gas bubbles, which could indicate free abdominal gas, or a penetrating wound. " Would like further exploration for this.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Full urinary bladder containing a small 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measured 4.4 cm. Right kidney measured 4.9 cm. Normal color flow pattern evident in both kidneys.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measured 0.63 cm in length x 0.49 cm in width. Right measured 0.66 cm in length x 0.46 cm in width.

### *Spleen*

Mildly enlarged (1.2 cm in width), but 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.

### *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*

Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

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### *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 with a hypoechogenic appearance and an irregular capsule. Increased echogenic appearance of the mesentery and fat surrounding the pancreas.

### *Free Abdomen*

Normal mesenteric lymph nodes.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Splenomegaly.
- Urinary bladder sediment.

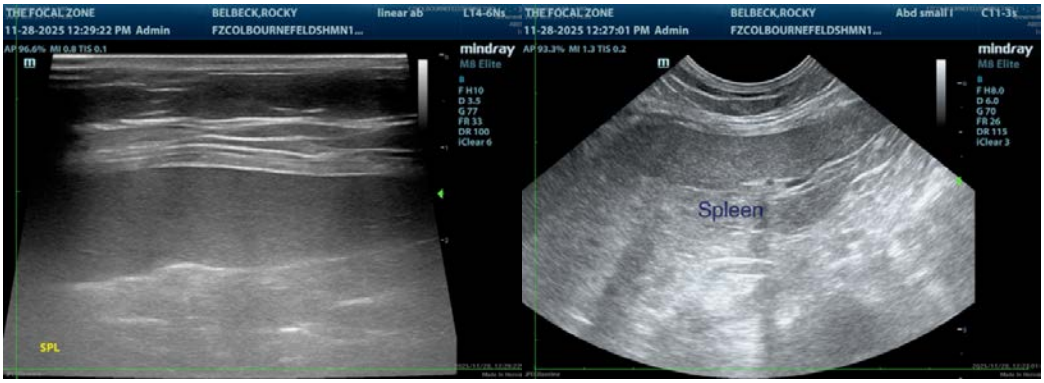
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenomegaly would be reactive hyperplasia secondary to the pancreatitis, with splenitis and infiltrative neoplasia being unlikely differential diagnoses.

Etiologies for the urinary bladder sediment would be incidental debris, crystalluria, and possibly bacterial cystitis.

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

Management of the pancreatitis would include fluid therapy, correction of any electrolyte anomalies, antiemetics, analgesics, and feeding small, frequent meals of a low-fat intestinal type diet.



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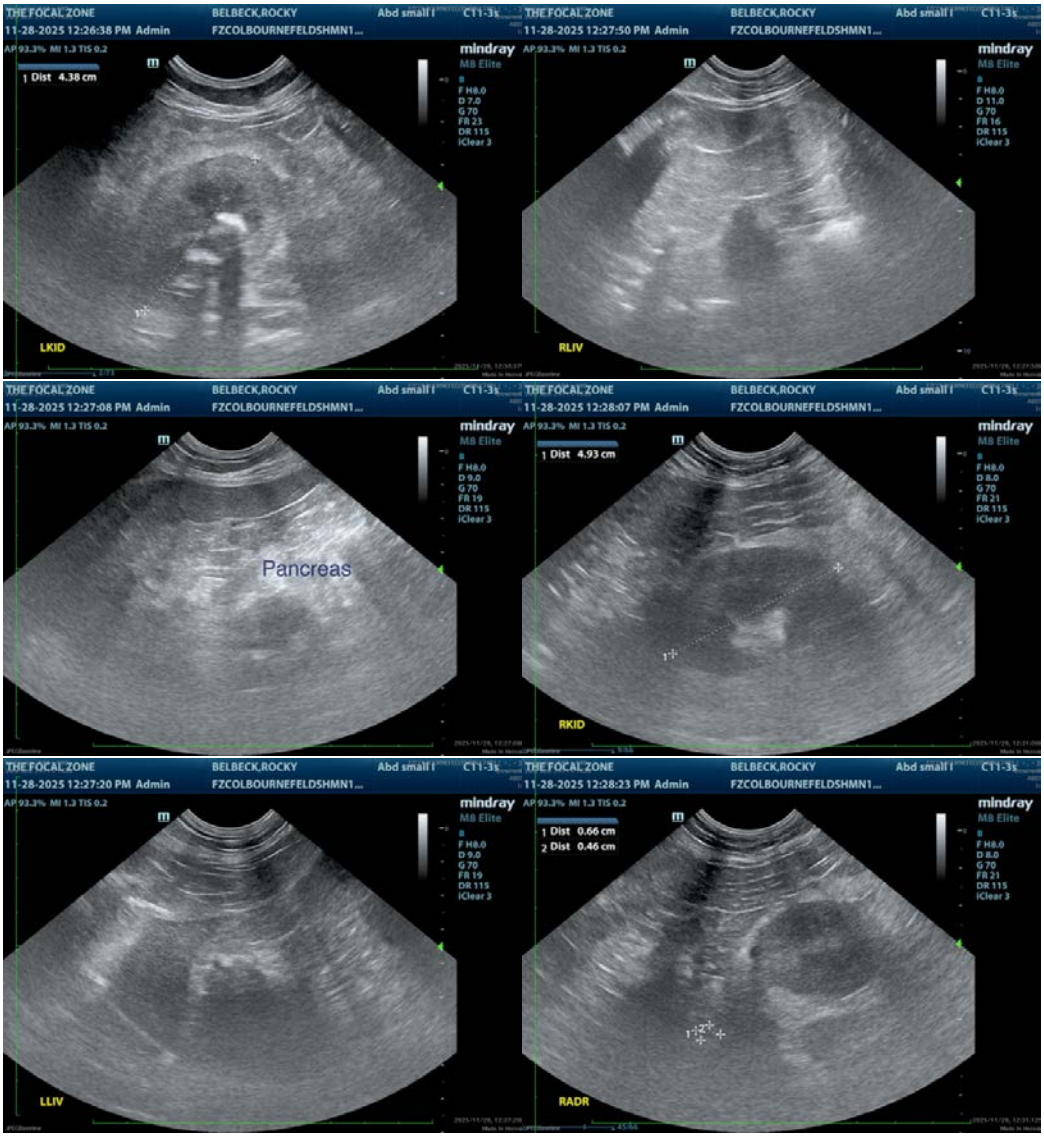

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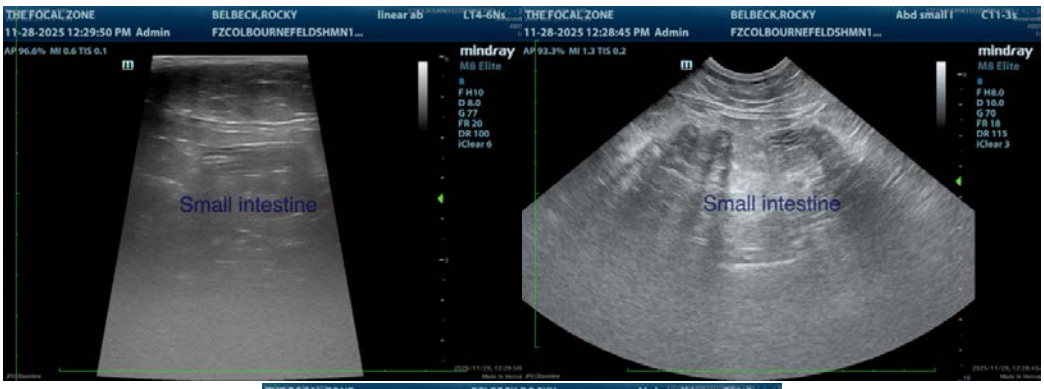


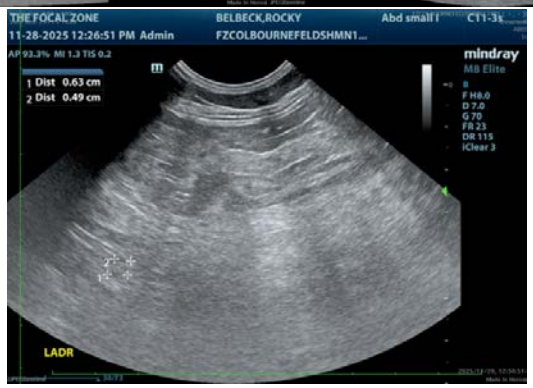


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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