



## PATIENT

Charlie Figari

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

10 Years

## WEIGHT

2.8 kg

## INTERPRETED BY

Remo Lobetti BVSc,  
MMedVet, PhD,  
DECVIM

## IMAGING PERFORMED BY

Jessica Boudreaux-  
Milligan, DVM

## HOSPITAL NAME

Dockside VI

## REFERRING VET

Jackie Clark, DVM

## INVOICE

36555

## DATE

2/2/26

## PRESENTING CLINICAL SIGNS

Patient actively hospitalized in ER. Azotemia, hyperphosphatemia, hypercalcemia. Evaluate for potential causes of biochemistry abnormalities. Initial radiographs could not definitely r/o gastric FB. Subsequent radiographs noted distended stomach with obvious obstructive pattern.

Abnormal PE/Chem/CBC/UA Results: WBV 0.83, Neu 0.19, Lyn 0.5, HCT 26.4, Hgb 9.2, RBC 5.71. Lactate 4.55, BUN 95, Crea 5.25, Glu 231, ALT 112, Phos 10.8, Ca 12.6.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

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

Bilaterally large kidneys, both measuring 4.1 cm, with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Bilateral corticomedullary rim sign was evident. Normal colorflow pattern was evident in both kidneys.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.32 cm in width. The right adrenal gland measured 0.38 cm in width.

### *Spleen*

Normal size (0.7 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, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

### *Gallbladder*

Full gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Dilated and tortuous appearance of both the cystic and common bile ducts, with the cystic bile duct measuring approximately 0.5 cm in diameter.

### *Gastrointestinal*

A moderate amount of fluid was present within the stomach. Focal thickening of a loop of small intestine, measuring approximately 1.0 cm x 2.4 cm in size, with a hypoechoic appearance and showing loss of layering, with no obvious luminal obstruction evident. The rest of the small intestine revealed no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Normal appearance of the duodenum, ileo-cecal junction, and



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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*

Visible sections of the pancreas are of 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.

Scant amount of ascites present, especially in the cranial abdomen.

## ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass
- Renal disease
- Dilated and tortuous bile duct

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the small intestinal mass would be neoplasia, with granuloma and focal perforation less likely differential diagnoses.

Etiologies for the renal disease would be chronic kidney disease, hypertensive nephropathy, hypercalcemic nephropathy, and granulomatous disease. The corticomedullary rim sign can be associated with lymphoma and granulomatous disease.

Corticomedullary rim sign can be associated with lymphoma, granulomatous disease, and bacterial nephritis.

The appearance of the bile duct can be considered an incidental age-related finding.

Further assessment would be urinalysis, blood pressure, hypercalcemic malignancy panel, and FNA cytology of the small intestinal mass.

Specific therapy would be dependent on an etiological diagnosis.



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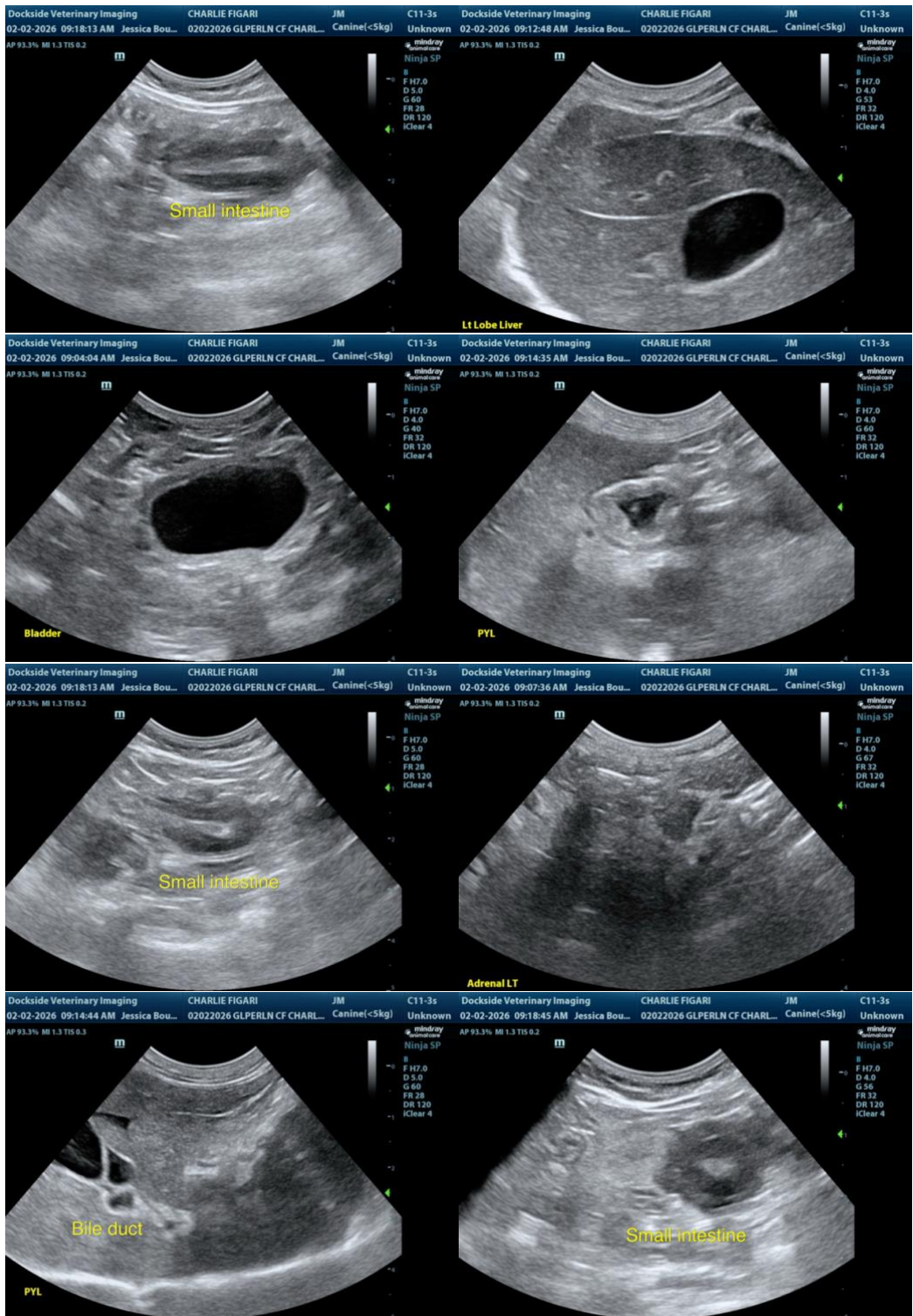
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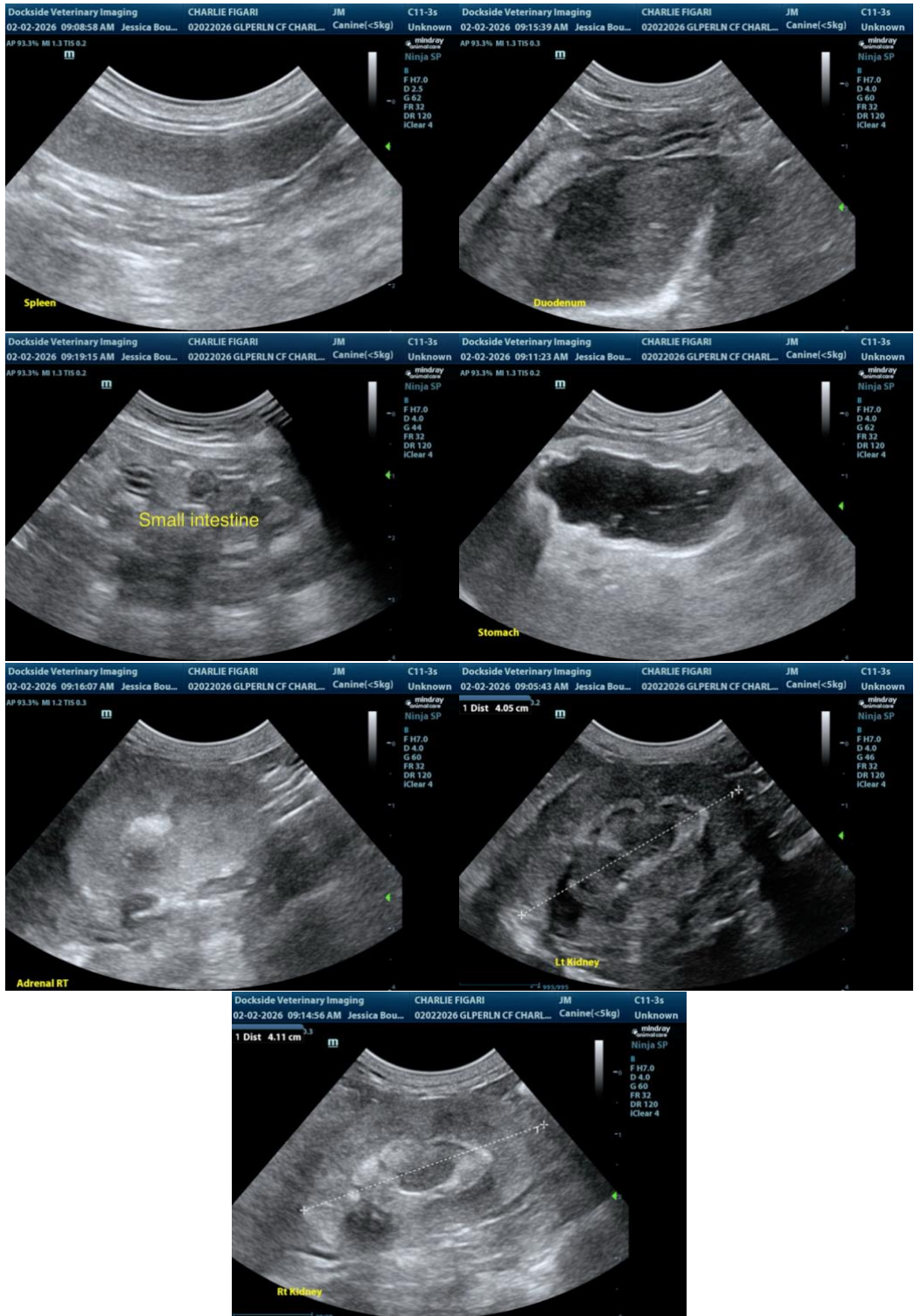
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

[info@sonopath.com](mailto:info@sonopath.com)