



**PATIENT**

Lucy Hogan

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

6 Years 8 Months

**WEIGHT**

6.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT

**HOSPITAL NAME**

Glen Rock Veterinary  
Hospital

**REFERRING VET**

Dr. Stekler

**INVOICE**

73674

**DATE**

3/13/26

**PRESENTING CLINICAL SIGNS**

Anorexic, Icteric, borderline anemia. Clinical findings - FIV/FELV negative

Current medications - Cerenia, Convenia, SQ Fluids, Mirataz

Abnormal PE/Chem/CBC/UA Results: AST 242, ALT 483, AlkPhos 861, Tbili 8.2, Triglyceride 186, HGB 8.5, HCT 27, lymphocytes 620, T4 0.5

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder containing a scant 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 3.6 cm. Right kidney measured 3.5 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 measures 0.49 cm in width. Right measures 1.22 cm in length x 0.57 cm in width.

**Spleen**

Normal size (0.60 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**

Enlarged with rounded edges, with a diffuse increased echogenic appearance, decreased portal markings, and regular curvilinear capsule. No 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.



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**Pancreas**

Visible sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

Normal mesenteric lymph nodes.

Small amount of ascites present around the liver lobes.

**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy.
- Ascites.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

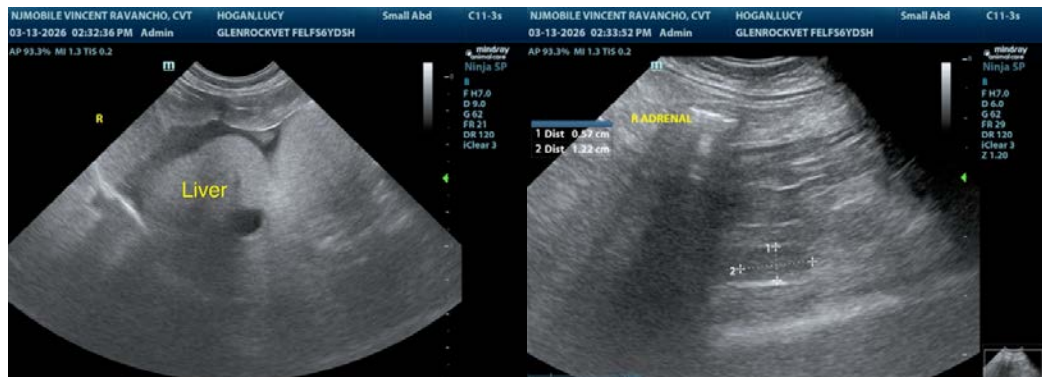
Etiologies for the hepatopathy would be hepatitis (toxins, viral, bacterial), hepatic lipidosis, and infiltrative neoplasia such as lymphoma.

The ascites can be ascribed as secondary to the hepatopathy.

Further assessment would be FNA cytology of the liver. However, a tru-cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be to continue with the current therapy, but ensuring adequate nutritional support, which may require tube feeding.





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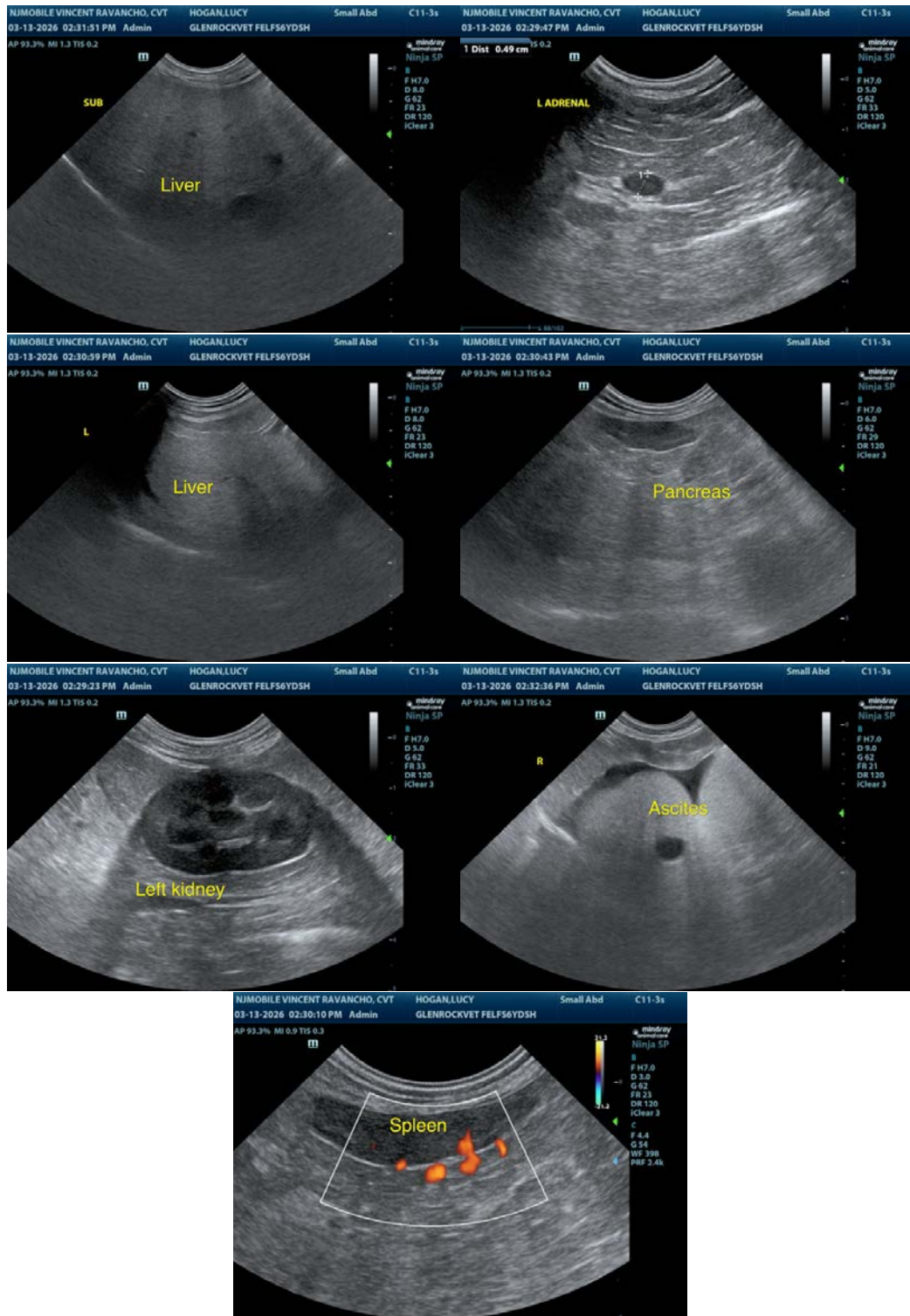
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)