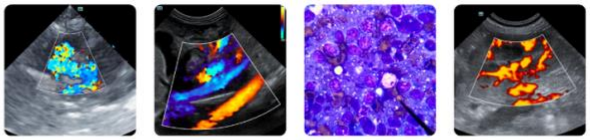


PATIENT

Buddy Campbell

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

18 Years 11 Months

WEIGHT

13.7 Pounds

INTERPRETED BY

Remo Lobetti BVSc, MMedVet, PhD, DECVIM

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershire AH

REFERRING VET

Erika Gallisdorfer, DVM

INVOICE

35705

DATE

4/23/26

PRESENTING CLINICAL SIGNS

History: Ultrasound due to slow progressive weight loss noticed over the last 2 months - Exam mild tartar, corneal ulcer, gallop rhythm, nonreactive on abdominal palpation; larger adenoma/cyst like mass atop head; Has had history of liver enzymes several years ago - have been normal for last 3 years, has had issues with pancreatitis several years ago but minimal GI signs, Currently CKD with elevated calcium - on renal diet; No evidence of nodules on chest radiograph

Current medications - erythromycin od bid, denamarin q24hrs- solensia monthly, methimazole 5mg am 2.5 mg pm, cerenia 16mg 1/4 tab q24hr - miralax 1/4 tsp am - dasuquin advanced am - forti flora sid am.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full 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.

Normal echogenic appearance, but loss of cortical medullary differentiation, normal pelvis and an irregular capsule. No infarcts, mineralization or renoliths evident, normal color flow pattern evident in both kidneys. The left kidney measured 3.2 cm. The right kidney measured 3.4 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.29 cm in width. The right adrenal gland measured 0.28 cm in width.

Spleen

Normal size (0.6 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

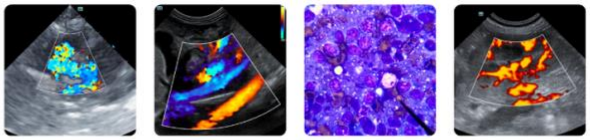
Normal size with an increased echogenic appearance, normal portal markings, and a regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size of both the cystic and common bile ducts, but with a tortuous appearance.

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 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. The left pancreas measured 0.4 cm in width.

Free Abdomen

A focal enlarged mesenteric lymph node was noted, measuring approximately 0.5 cm x 0.8 cm in size, with an irregular shape and a hypoechogenic appearance. The rest of the mesenteric lymph nodes were of normal size and shape.

No ascites was evident.

ULTRASONOGRAPHIC FINDINGS

- Renal disease
- Age-related reactive hepatopathy
- Focal lymphadenomegaly
- Tortuous bile duct

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic kidney disease and in line with the patient's history. The tortuous bile duct can be considered an incidental age-related finding. Although the most likely etiology for the focal lymphadenomegaly would be reactive hyperplasia, with the hypercalcemia, granulomatous disease and infiltrative neoplasia needs to be considered.

Further assessment would be hypercalcemia malignancy panel and possibly FNA cytology of the focal lymphadenomegaly. With the presence of a gallop rhythm, echocardiography will also be recommended.

Further specific therapy would depend on an etiological diagnosis.

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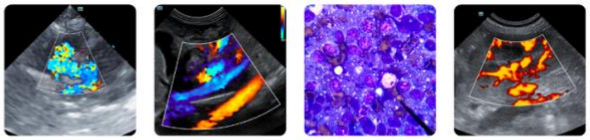

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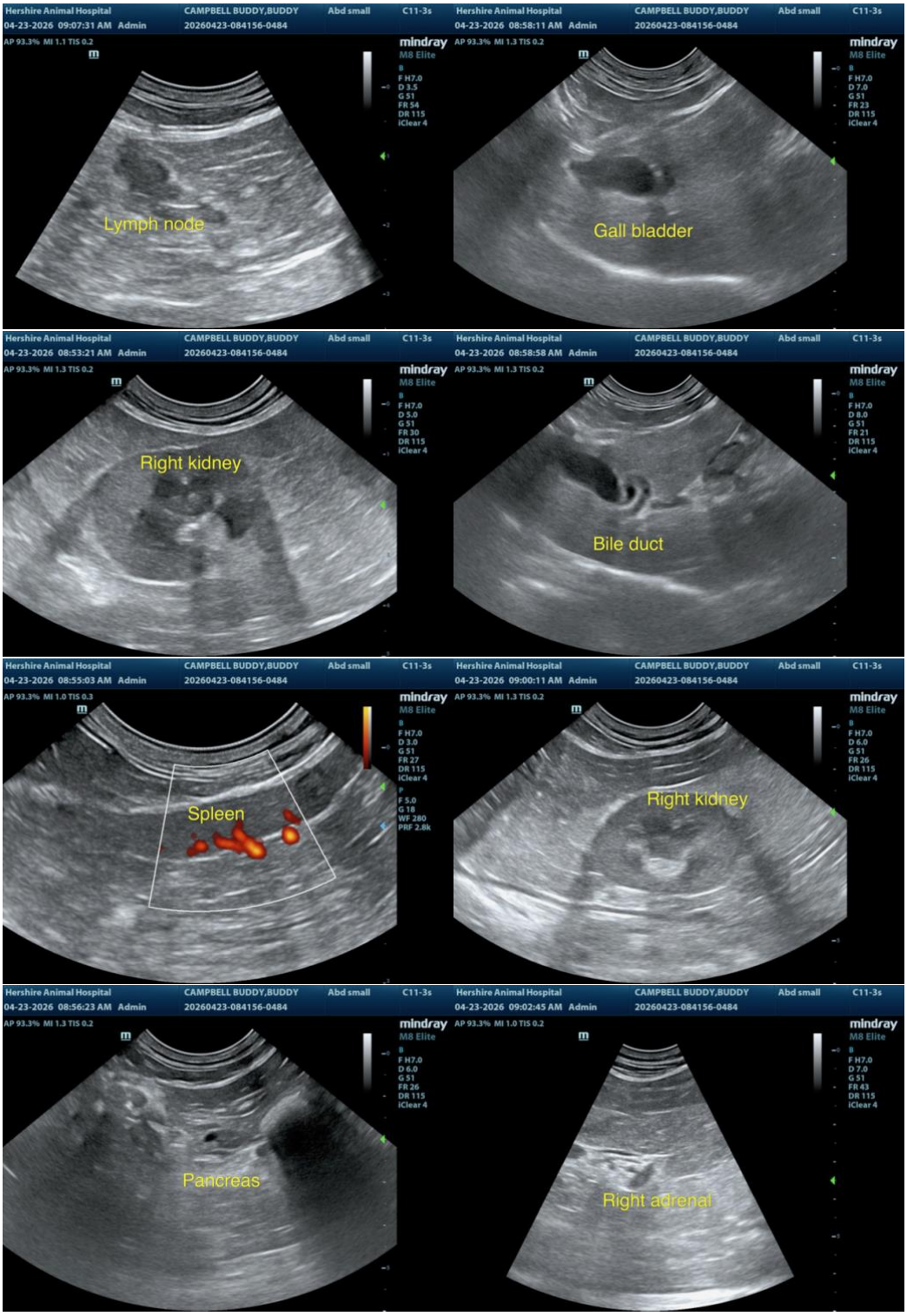

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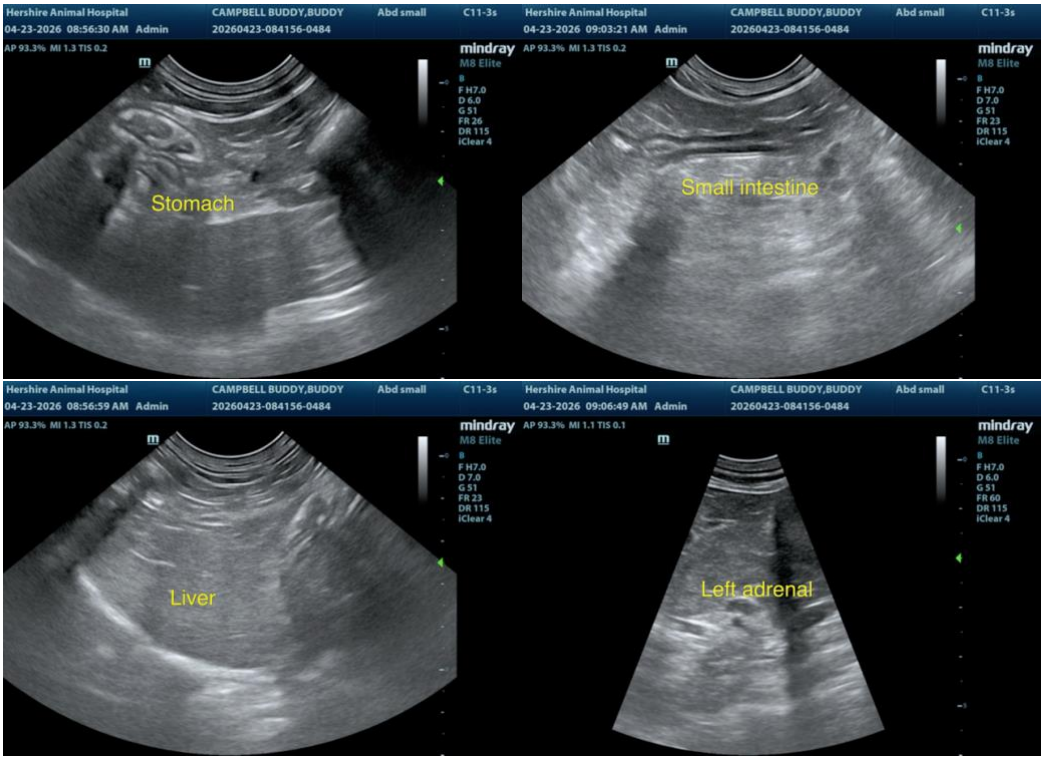

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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