



**PATIENT**

Dexter Tapp

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9 Months

**WEIGHT**

8.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Animal Hospital of  
Lake Brandt

**REFERRING VET**

Dr. Wallace

**INVOICE**

74706

**DATE**

4/23/26

**PRESENTING CLINICAL SIGNS**

P presented for ultrasound due to fever of 103.7, icteric sclera, pinnas, and ventrum, conjunctivitis OU, entropion OS, Neutered on Tuesday. Fever of unknown origin panel is pending. Current treatments, SQF, Cerenia, Marbofloxacin.

Abnormal PE/Chem/CBC/UA Results: HCT 32.3, Retic 180, Mono 0.8, PLT 85, ALT 566, Tbili 5.1, Chol 69, usg 1.050, Proteinuria Felv/FIV Neg

**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 measures 4.2 cm. Right kidney measures 4.1 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 0.85 cm in length x 0.28 cm and 0.34 cm in width. Right measures 0.72 cm in length x 0.17 cm and 0.23 cm in width.

**Spleen**

The spleen is diffusely enlarged, measuring 1.8 cm in width, with a hypoechogenic appearance but maintaining a smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.

**Liver**

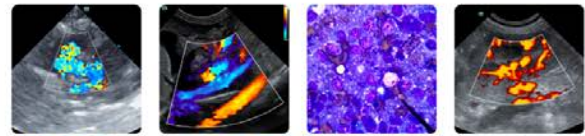
Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

**Gallbladder**

Full containing a small amount of non-adhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Dilated cystic bile duct measuring 0.30 cm in diameter, with no obvious obstruction evident.

**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. Fecal material present within the colon.



**PATIENT**

**Pancreas**

Dexter Tapp

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

**SPECIES**

**Free Abdomen**

Feline

Enlarged mesenteric lymph nodes measuring up to 0.80 cm x 1.2 cm in size, some with a rounded shape and a hyperechogenic appearance.

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No ascites evident.

**SEX**

Neutered Male

- Splenomegaly.
- Mesenteric lymphadenomegaly.
- Gallbladder sediment.
- Dilated cystic bile duct.
- Urinary bladder sediment.

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Important etiologies that need to be considered for both the splenomegaly and the mesenteric lymphadenomegaly would be infiltrative neoplasia such as lymphoma or granulomatous disease such as FIP.

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The most likely etiology for the urinary bladder sediment would be incidental debris would be incidental debris.

The gallbladder sediment and the dilated cystic bile duct can be considered incidental findings.

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Although the liver appears ultrasonographically normal, with the elevated liver enzyme activity, an underlying hepatopathy such as hepatitis and infiltrative neoplasia should still be considered.

Further assessment would be FNA cytology of the spleen, mesenteric lymph nodes, and liver.

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Specific therapy would be dependent on an etiological diagnosis.

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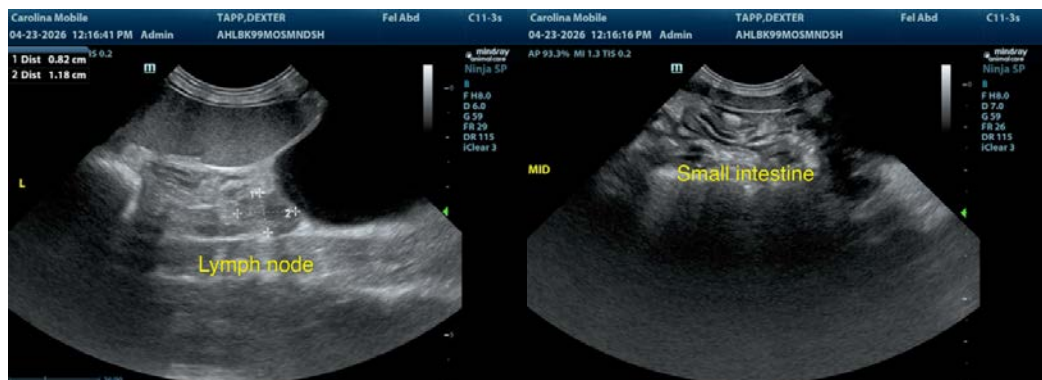
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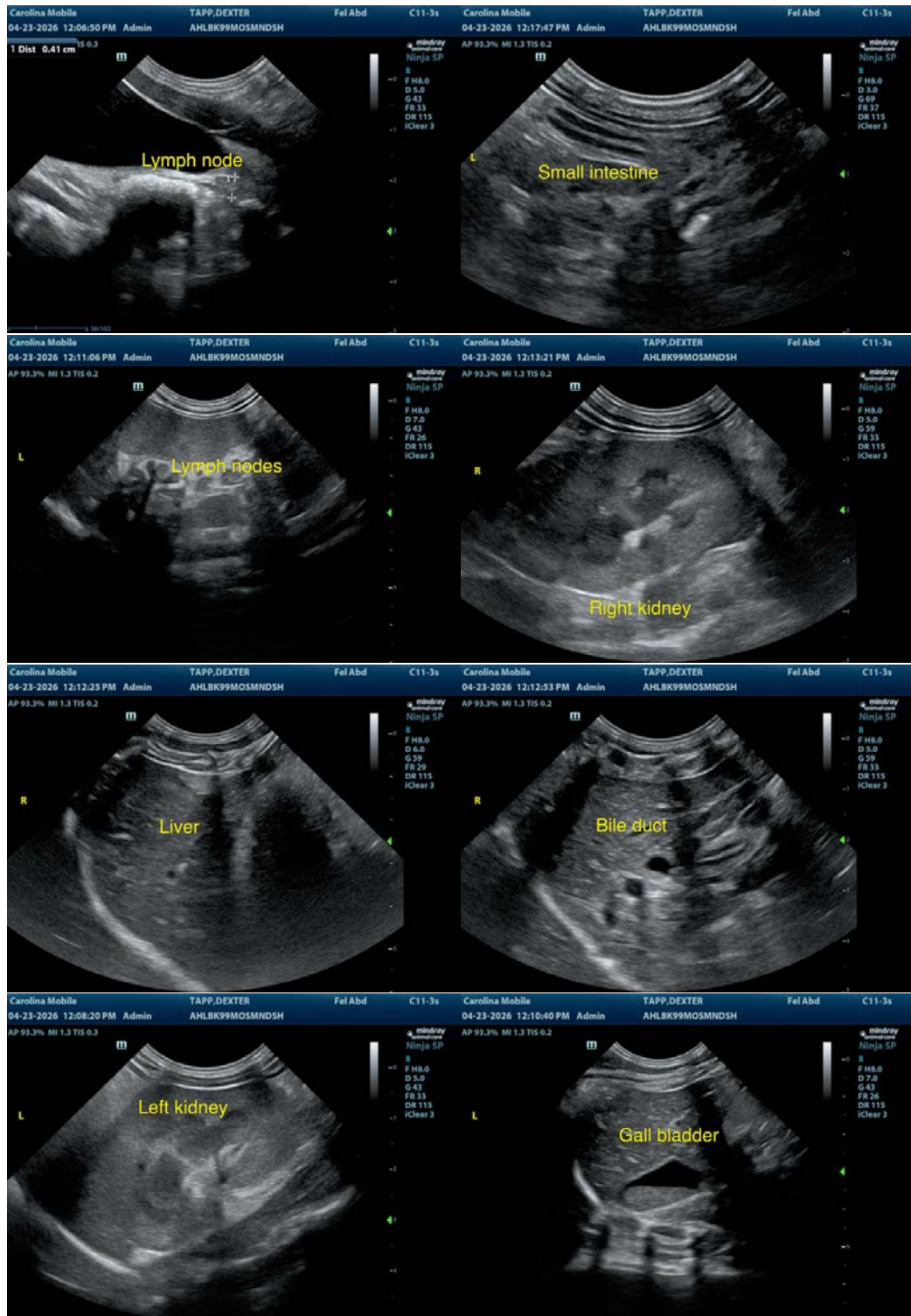
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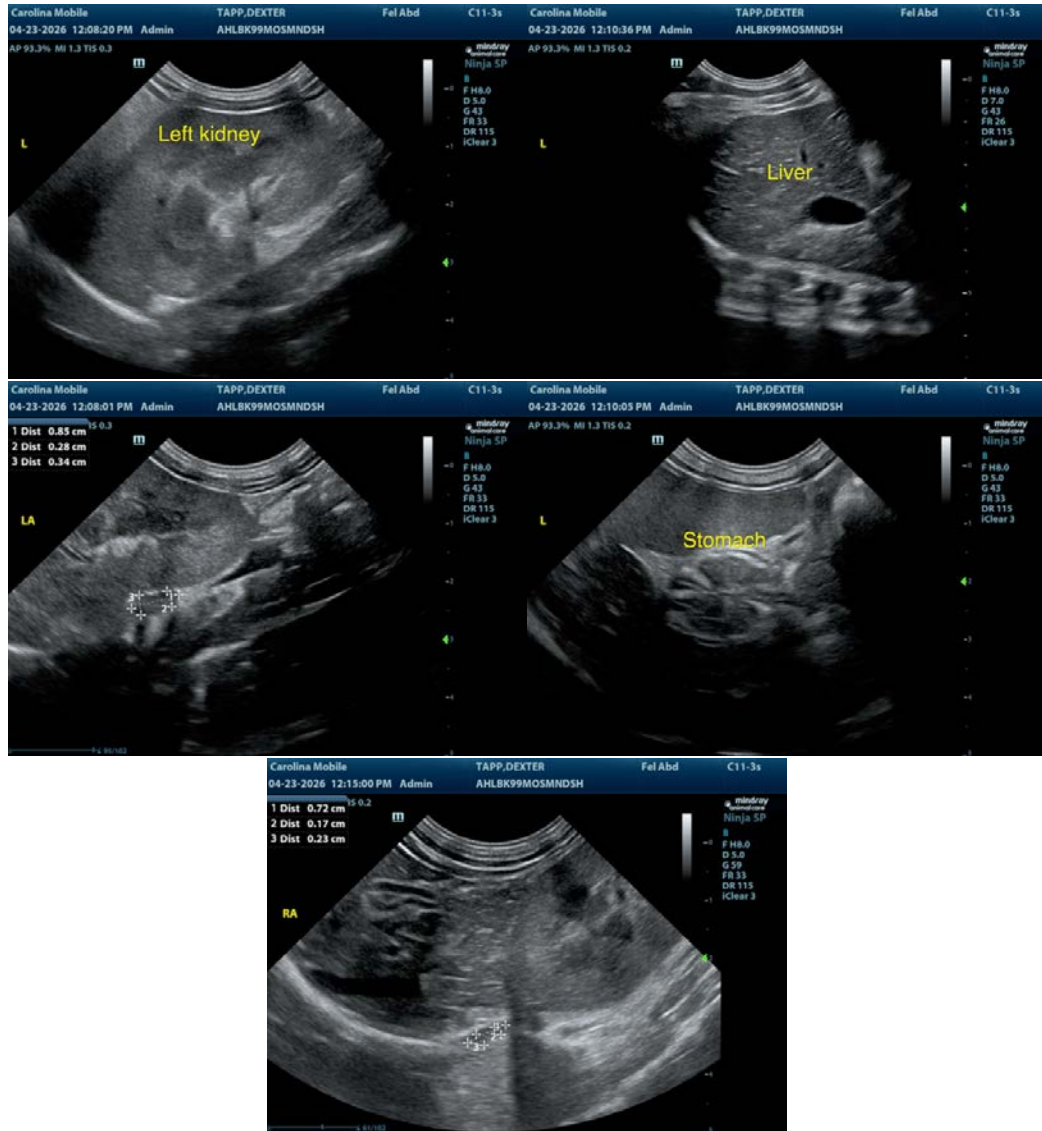
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)