



PATIENT

Luna Kim

SPECIES

Feline

BREED

Russian Blue

SEX

Spayed female

AGE

16 years

WEIGHT

6.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Kim

INVOICE

77965

DATE

5/27/26

PRESENTING CLINICAL SIGNS

History: The patient presented to the hospital due to lethargy and jaundice issues
Abnormal PE/Chem/CBC/UA Results: RDW 29.8 % Lymphocytes 0.91 K/ μ L Eosinophils 0.01 K/ μ L
Globulin 5.8 g/dL ALT 194 U/L ALP 335 U/L GGT 21 U/L Bilirubin - Total 7.2 mg/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A moderate amount of floating, hyperechogenic sediment.

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 (left measured 3.1 cm, right measured 3.1 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.86 cm in length x 0.26 cm in width. The right adrenal gland measured 0.76 cm in length x 0.24 cm in width.

Spleen

Normal size 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. The spleen measured 0.8 cm in width.

Liver

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



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Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Dilated appearance of the cystic and common bile duct with the cystic bile duct measuring 0.6 cm in diameter and the common bile duct measuring 0.4 cm in diameter. No obvious obstruction is 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. The stomach measured 0.13 cm.

Pancreas

The 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

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Dilated common and cystic bile ducts.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be cholangiohepatitis complex, neutrophilic/lymphocytic cholangitis, lipidosis and possibly infiltrative neoplasia.

Although the appearance of the cystic and common bile ducts may merely be an age related finding, ascending cholangitis would be an important differential diagnosis.

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

Further assessment would be urinalysis, possibly urine culture, FNA cytology of the liver and possibly cholecentesis for cytology and culture.

Specific therapy would be dependent on an etiological diagnosis.



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Symptomatic management that could be considered would be fluid therapy, course of antibiotics (Penicillin, Cephalosporin, Quinolones), Ursodiol and ensuring adequate nutritional support (tube feeding if needed).

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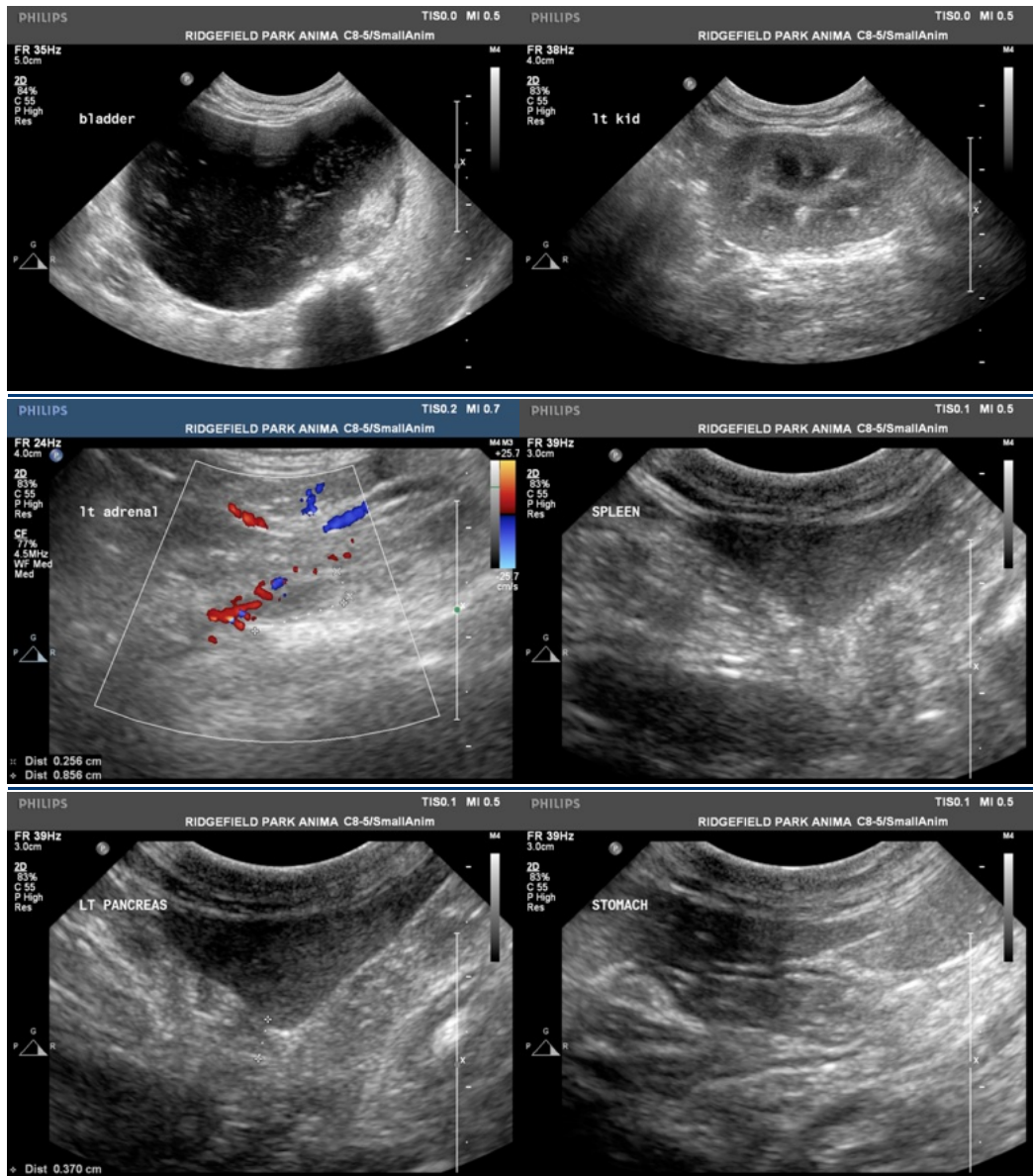
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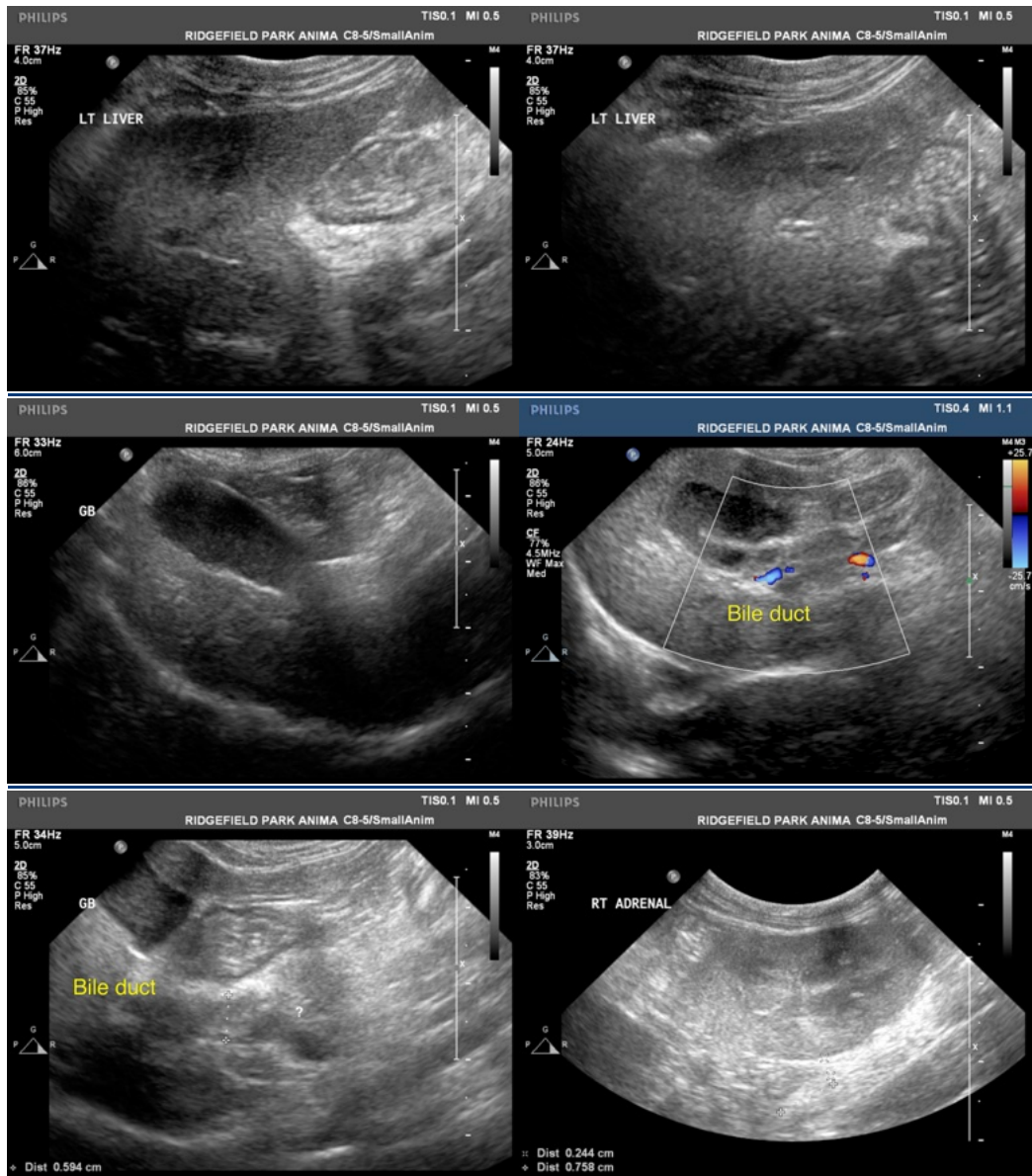
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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