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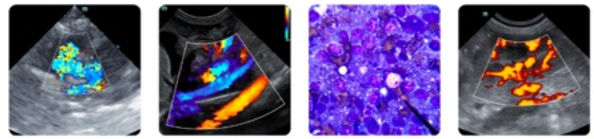


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Foster Adelman

SPECIES

Feline

BREED

American Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

9.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brittany Gogluizza

HOSPITAL NAME

Evendale-Blue Ash PH

REFERRING VET

Dr. Wehmer

INVOICE

78057

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: 3/13/26 - Presented for decreased appetite, vomiting, and weight loss of about 5 lbs since November. Sent home an appetite stimulant. Recommended hairball remedy
4/3/26 - recheck liver panel, eating without an appetite stimulant. Down 0.3lbs in weight from previous visit
4/24/26 - Recheck exam, switched to wet food and is now eating twice daily, no vomiting and has not used appetite stimulant since previous visit. On hairball remedy as needed
5/26/26 - recheck liver panel, eating wet food well, decrease in vomiting hairballs since switching foods. Liver levels still elevated, recommended ultrasound

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant 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 3.5 cm, right measured 4.3 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

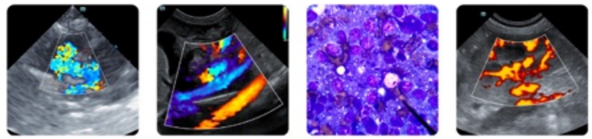
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.84 cm in length x 0.24 cm and 0.2 cm in width. The right adrenal gland measured 0.75 cm in length x 0.19 cm in width.

Spleen

The spleen was enlarged measuring up to 1.3 cm in width, but maintained a normal 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

The liver is enlarged with rounded edges, with a diffuse mottled 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. 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.

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.

Free Abdomen

Normal mesenteric lymph nodes.

A small amount of acellular ascites is present in the cranial abdomen especially around the lobes of the liver and spleen.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Splenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the splenomegaly would be reactive hyperplasia, splenitis and possibly infiltrative neoplasia.

Further assessment would be FNA cytology of the spleen and liver.

Further specific therapy would be dependent on an etiological diagnosis.

Additional symptomatic management that could be considered for the hepatopathy would be a course of antibiotics (Penicillin, cephalosporins, quinolones), Ursodiol and if there is still not a satisfactory improvement in the liver enzyme activity, then a course of Prednisolone would then be indicated.

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Left kidney

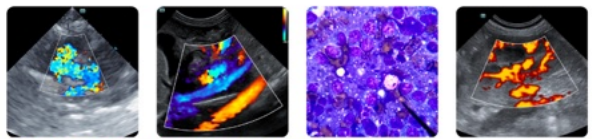
Spleen

Spleen

Spleen

Stomach

Ascites



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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