



PATIENT PRESENTING CLINICAL SIGNS

Noel McBride History: Chronic low-grade vomiting for several years Vomited 2x this morning -O concerned Has lost 0.5 lb over 6 months

SPECIES Abnormal PE/Chem/CBC/UA Results: Bloodwork and urine pending blood pressure not taken today - will be done at next visit

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH The urinary bladder is small, with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

SEX

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Female Spayed

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

AGE

8 years

Normal renal size (left kidney 3.60 cm) (right kidney 3.50 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.

WEIGHT

7 lbs

Adrenal Glands

Normal shape, echogenic appearance, size (left 0.38 cm) (right 0.48 cm), position, and appearance of the visible peri-renal vasculature.

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.

INTERPRETED BY

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

Liver

Normal size, with increased echogenic 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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Gudrun Gunther

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.

HOSPITAL NAME

New Frontier
Animal MC

Gastrointestinal

Normal appearance of the stomach, duodenum (0.28 cm), 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 ileum measured 0.28 cm.

REFERRING VET

Gudrun Gunther

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

INVOICE

13420

Free Abdomen

Normal mesenteric lymph nodes.

DATE

6.19.23

No ascites evident.



PATIENT

Noel McBride

Focal anechoic mass measuring 0.80 x 2.10 cm in the caudal abdomen adjacent to the aorta.

ULTRASONOGRAPHIC FINDINGS

SPECIES

Feline

Primary Findings

- Hepatopathy (?)
- Caudal abdominal mass

BREED

DSH

Secondary Findings

- None

SEX

Female Spayed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be cholangiohepatitis complex, emerging lipidosis, granulomatous disease, with infiltrative neoplasia a less likely differential diagnosis.

AGE

8 years

Etiologies for the caudal abdominal mass would be an incidental cyst, granuloma, hematoma, and neoplasia.

Initial further assessment would be fecal and urine analyses, CBC and serum biochemistry, as well as T4 assay.

WEIGHT

7 lbs

With the presenting clinical signs, primary intestinal disease (such as inflammatory bowel disease, dietary hypersensitivity and parasitic enteritis) needs to be considered, and further assessed by means of serum cobalamin and TLI assay, as well as endoscopy of the upper GI tract with biopsies. As the mass is adjacent to the aorta, FNA cytology could be considered. However, it may inadvertently cause trauma to the aorta.

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Further assessment of that mass that could be considered would be a CT scan. However, monitoring by means of ultrasound would be an acceptable alternative.

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Specific therapy would be dependent on an etiological diagnosis.

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PATIENT

Noel McBride

SPECIES

Feline

BREED

DSH

SEX

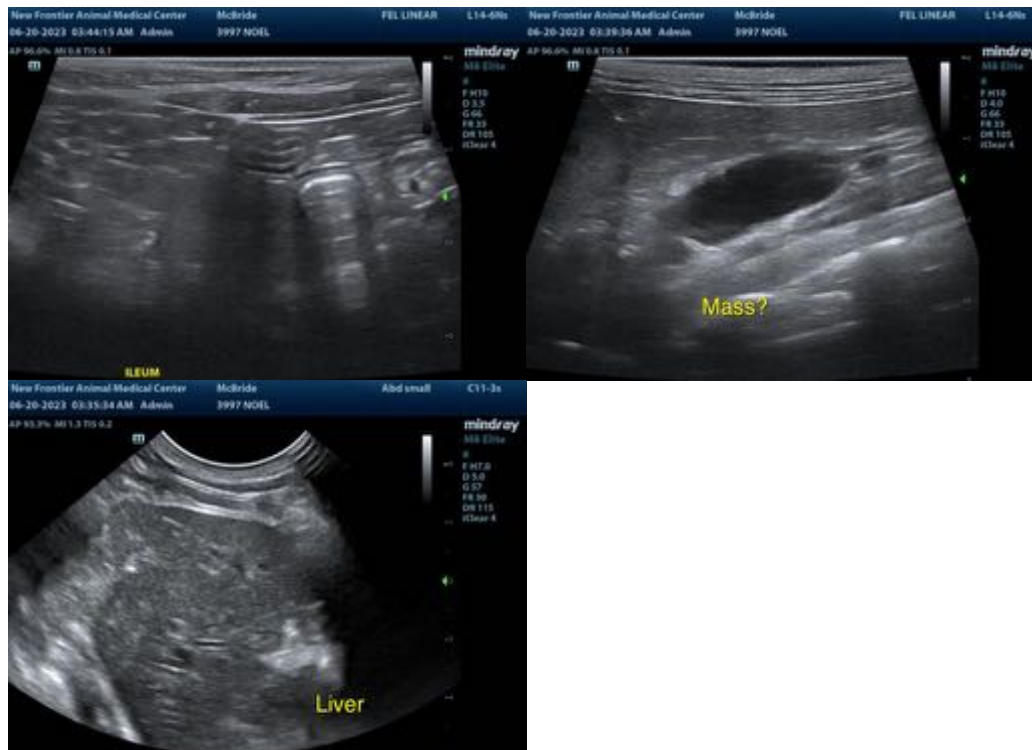
Female Spayed

AGE

8 years

WEIGHT

7 lbs



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.

INTERPRETED BY

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Dipl. ECVIM

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

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