



PATIENT PRESENTING CLINICAL SIGNS

Tiggy Burton History: Cranial abdominal distension- r/o mass effect vs ascites vs other- recommended AUS to assess
Abnormal PE/Chem/CBC/UA Results: Creat: 3.2 BUN: 59 USG: 1.017

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline Urinary System

The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Moderate amount of hyperechogenic sediment present. No uroliths evident.

BREED

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

SEX

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

Female Spayed Normal renal size (left kidney 3.50 cm) (right 3.00 cm), with increased echogenic appearance, loss of cortico-medullary differentiation, and normal pelvis. Irregular capsule. No infarcts, mineralization or renoliths evident.

AGE

14 years **Adrenal Glands**
Poorly visualized but appear to be of normal shape, echogenic appearance and size.

WEIGHT

9.2 lbs

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,
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Liver

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

IMAGING PERFORMED BY

Elaina Petrone

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

Long Branch AH

Gastrointestinal

Normal appearance of the stomach, duodenum, jejunum (0.29 cm), small intestine, 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. Prominent appearance of the ileocecolic junction, with a hypoechogenic appearance of the submucosal layer, but maintaining a 1:3 muscularis to mucosa ration, with no distention of the lumen.

REFERRING VET

Elaina Petrone

Pancreas

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

Free Abdomen

Normal mesenteric lymph nodes.

INVOICE

13500

No ascites evident.

DATE

6.26.23



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Tiggy Burton **Primary Findings**

- Renal disease
- Ileocecal pathology (?)

SPECIES

Feline

Secondary Findings

BREED

- Urinary bladder sediment

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

The appearance of the kidneys is consistent with chronic kidney disease, with bacterial nephritis and hypertensive nephropathy other differential diagnoses or comorbidities.

Female Spayed

Etiologies for the ileocecal junction would be and incidental finding, granulomatous reaction, and emerging neoplasia.

AGE

14 years

Further assessment would be urine analysis, urine culture, possibly FNA cytology of the ileocecal junction and endoscopy of the lower GIT tract, allowing for biopsies of both the ileocecal junction, proximal colon, and ileum.

WEIGHT

9.2 lbs

Management of the renal disease would be feeding a renal diet, enteric phosphate binders (as needed) and either an ACE inhibitor or receptor blocker.

Further specific therapy would be dependent on an etiological diagnosis.

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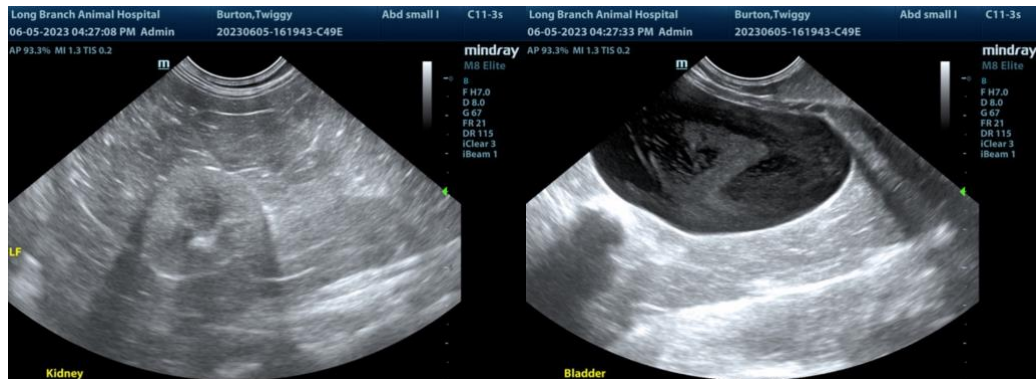
Elaina Petrone

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DATE

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PATIENT

Tiggy Burton

SPECIES

Feline

BREED

DSH

SEX

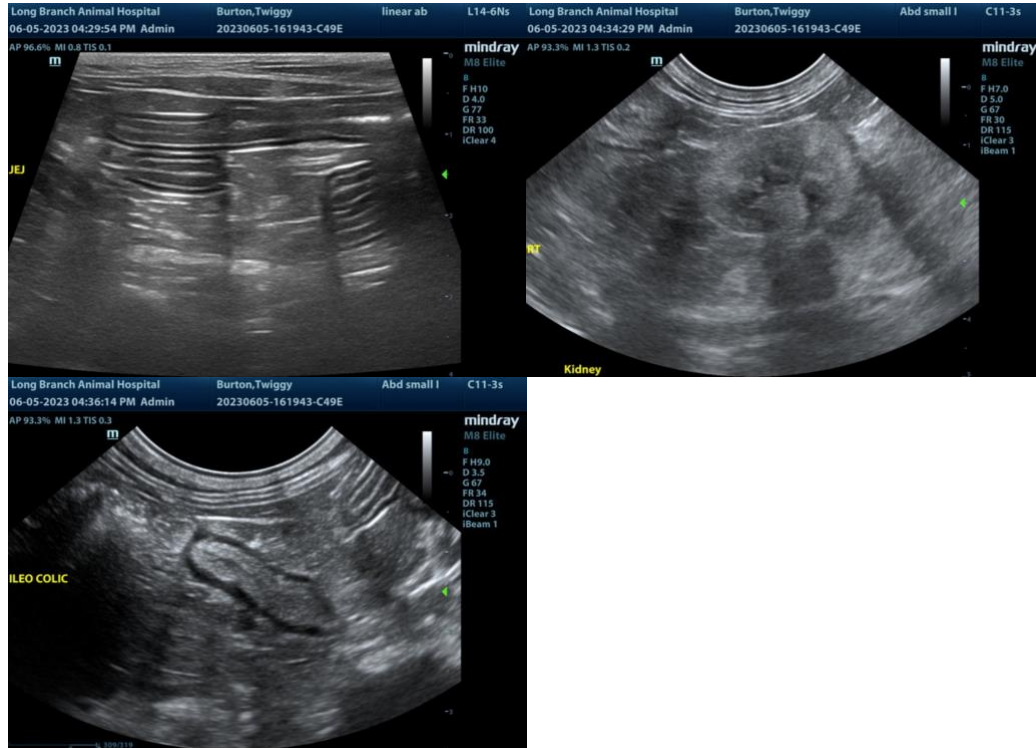
Female Spayed

AGE

14 years

WEIGHT

9.2 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.

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