



PATIENT PRESENTING CLINICAL SIGNS

Buster Sonner History: Recently diagnosed diabetic, pancreatitis, elevated ALP, ALT, BILI 0.5. Clinically doing well, normal appetite, acting fine

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

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

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

SEX

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

AGE

14 years Normal size of left kidney (3.60 cm) and enlarged right kidney (4.80 cm) Both kidneys have a normal echogenic appearance and cortico-medullary differentiation. Bilateral pyelectasia (left 0.20 cm / right 0.40 cm). Normal capsule of the right kidney. Irregular capsule of the left kidney.

WEIGHT

13 lbs **Adrenal Glands** Normal shape, echogenic appearance, size (left 0.47 cm) (right 0.41 cm), position, and appearance of the visible peri-renal vasculature.

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM **Spleen** Normal size (0.80 cm) 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.

IMAGING PERFORMED BY

Sonya Myers DVM **Liver** Enlarged with rounded edges, diffuse hyperechogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature. FNA taken with no obvious post-aspirate hemorrhage evident.

HOSPITAL NAME

Lake Emma AH **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 (0.20 cm).

REFERRING VET

Groberg **Gastrointestinal** Normal appearance of the duodenum (0.30 cm), jejunum (0.34 cm) small intestine, ileo-cecal junction, and colon (0.16 cm) with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Segmental thickening of the gastric wall (up to 0.61 cm) with no loss of layering or distention of the lumen.

INVOICE

14147 **Pancreas** Enlarged (left 1.50 cm / right 0.80 cm) with a hypoechogenic appearance and irregular capsule, with hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

DATE

8.17.23 **Free Abdomen** Normal mesenteric lymph nodes (one of which measures 0.40 x 2.00 cm).

No ascites evident.



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Buster Sonner

Primary Findings

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- Hepatopathy
- Pancreatitis
- Gastropathy
- Nephropathy

Secondary Findings

- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatopathy would be metabolic secondary to the diabetes, with reactive, cholangiohepatitis complex, lipidosis, granulomatous hepatitis, and infiltrative neoplasia differential diagnoses.

The appearance of the pancreas is consistent with pancreatitis.

Etiologies for the gastropathy would be secondary to the pancreatitis, nonspecific gastritis (dietary indiscretion, toxins viral), helicobacter gastritis, ulcerative gastritis, granulomatous gastritis, inflammatory bowel disease, with emerging neoplasia an unlikely differential diagnosis.

Etiologies for the nephropathy would be bacterial nephritis and pyelonephritis, with additional etiologies for the right kidney being acute kidney injury, lymphoma and granulomatous nephritis.

Further assessment needs to be based on the pending cytology results, but could include urine and fecal analyses, and urine culture. FNA cytology of the right kidney and gastroscopy with biopsies can also be considered.

Specific therapy would be dependent on an etiological diagnosis.





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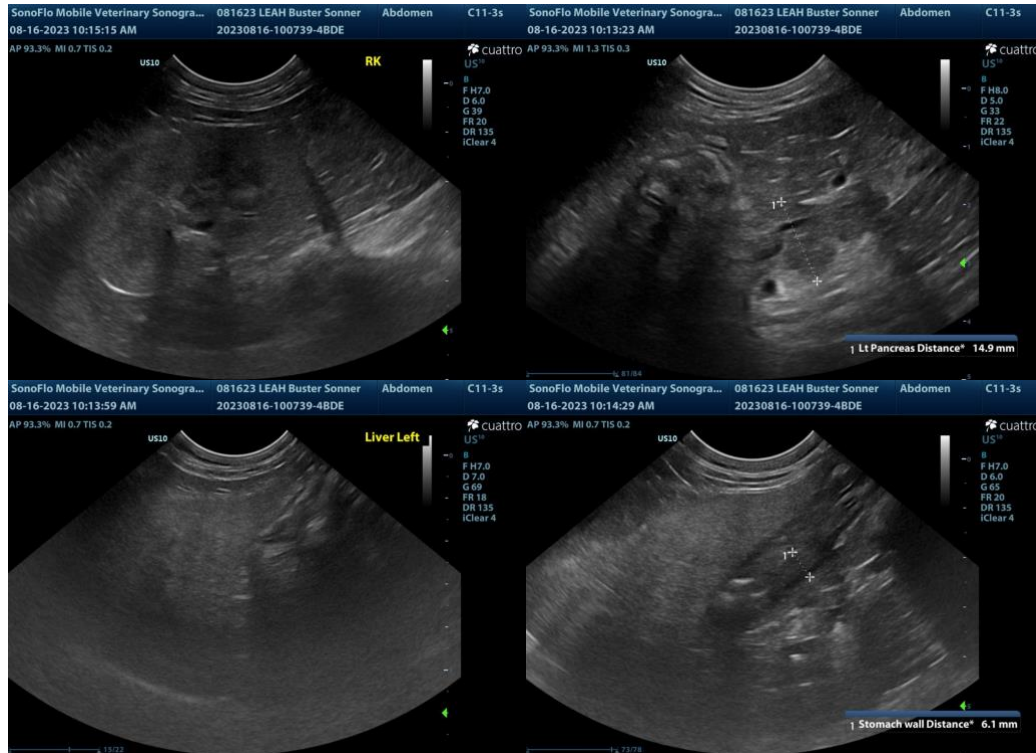
Groberg

INVOICE

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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