



PATIENT

Karma Davis

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

6.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bergen County VC

REFERRING VET

-

INVOICE

70116

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: Anorexia, lethargy, vomiting.

Abnormal PE/Chem/CBC/UA Results: CBC-HCT NL/RBCs Bands present/SL Incr. Neut appear mod. toxic. Chem- azotemia, inc. bili (NL liver enzymes?) T4-1.034, 1+ blood, 1+ bili

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 2.8 cm, right measured 3.4 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. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.3 cm in width. The right adrenal gland measured 0.31 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 0.5 cm in width.

Liver

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

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.



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Gastrointestinal

Severe, fluid distended stomach and fluid distended small intestinal loops with no obvious obstruction evident. Normal appearance of the gastric and small intestinal wall with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio. Poor peristaltic activity was noted in the stomach and small intestine. Normal appearance of the ileocecal junction and colon.

Pancreas

The pancreas was not clearly visualized, but 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

Enlarged mesenteric lymph nodes measuring up to 0.9 x 1.4 cm in size with a slightly rounded shape and a hyperechogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gastric and small intestinal hypomotility.
- Mesenteric lymphadenomegaly.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hypomotility would be primary gastrointestinal pathology and secondary to electrolyte anomalies.

Etiologies for the mesenteric lymphadenomegaly would be reactive hyperplasia, lymphadenitis and infiltrative neoplasia.

The most likely etiology for the urinary bladder sediment would be incidental debris with hematuria and bacterial cystitis a differential diagnosis.

Further assessment would be urine and fecal analysis, possibly urine culture, serum electrolytes (if not already done) and FNA cytology of the mesenteric lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.



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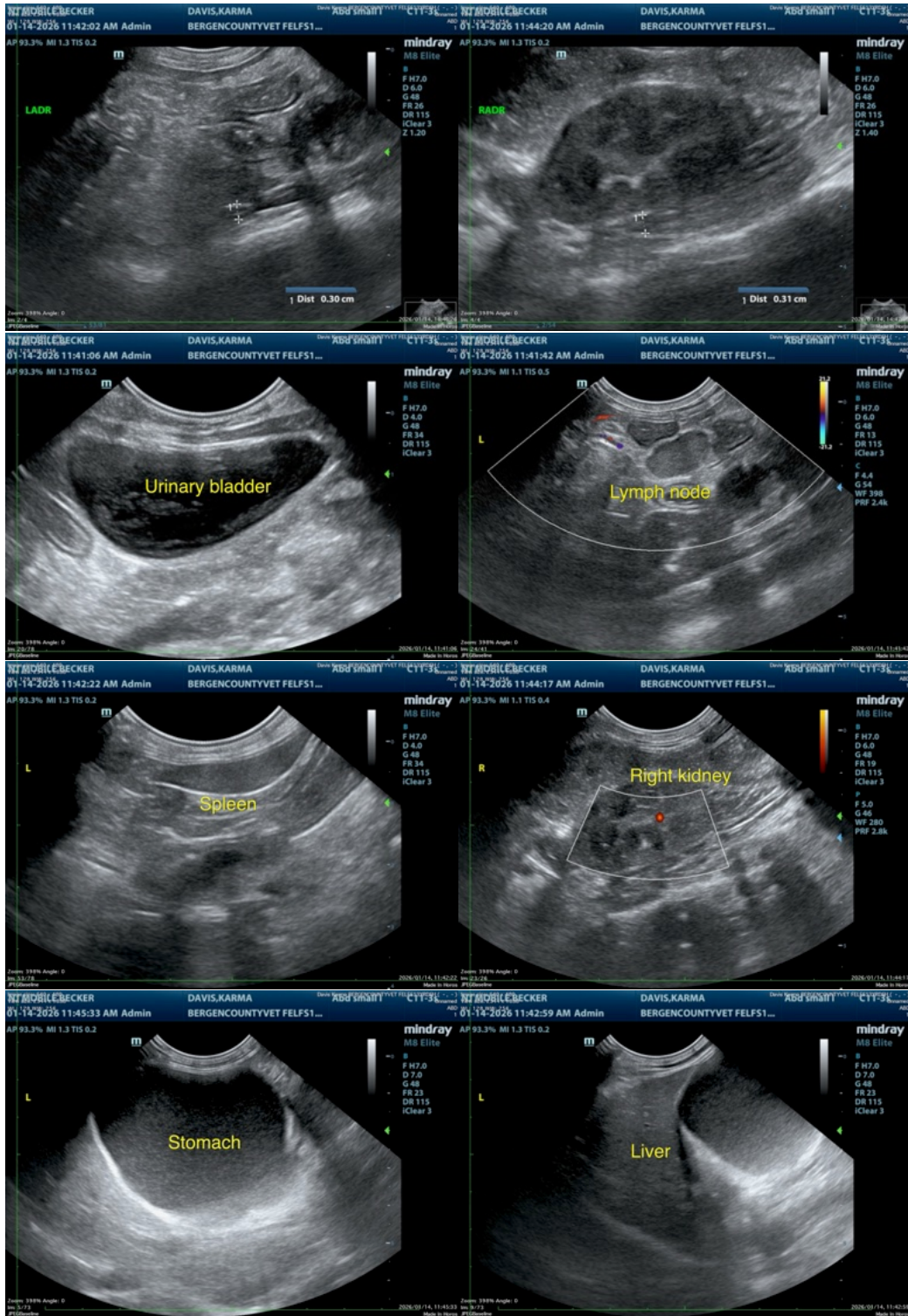
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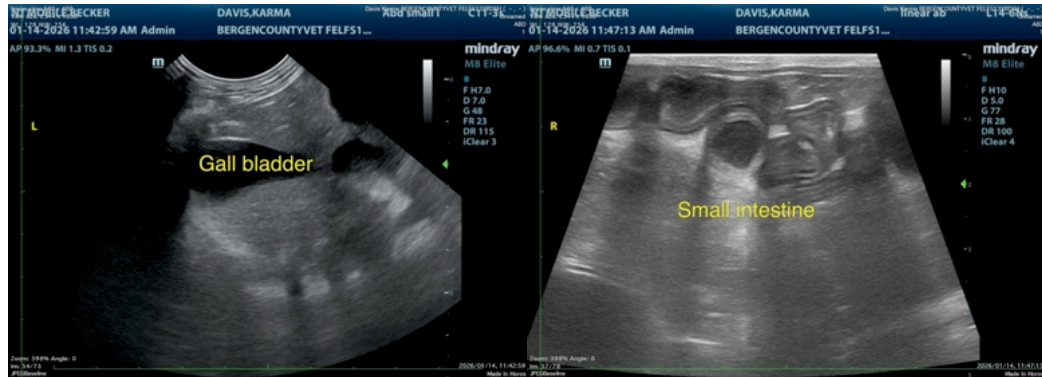
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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