



## PATIENT

Dusty Carson

## SPECIES

Feline

## BREED

Domestic Longhair

## SEX

Neutered male

## AGE

11 years

## WEIGHT

9.3 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

Shohola VH

## REFERRING VET

Dr. DeMeo

## INVOICE

69536

## DATE

12/23/25

## PRESENTING CLINICAL SIGNS

History: Weight loss, vocalization, howling, increased appetite. BCS 4/9, MCS 2/4, 3/6 systolic murmur. ProBNP normal. Curr meds: Orbax  
Abnormal PE/Chem/CBC/UA Results: AST 128; Alt 686; Alkp 283; Glucose 225 (Fructosemine normal). BP average 168/106 Map 120; HR 178

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small 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 left renal size (3.3 cm) and enlarged right kidney (4.8 cm), both had a normal architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The kidneys had a normal color flow pattern.

### *Adrenal Glands*

The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Right adrenal gland measured 0.37 cm in width. The left adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

### *Spleen*

The spleen is enlarged with a mottled echogenic and fine nodular appearance and a scalloped appearance of the capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measures 1.2 cm in width.

### *Liver*

Normal size, diffuse increased echogenic appearance, decreased 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 small 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 pancreas is normal in size (left pancreas measured 0.6 cm) with a hypoechogenic and coarse appearance and an irregular capsular. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

## ***Free Abdomen***

Prominent mesenteric lymph nodes measuring up to 0.4 x 0.9 cm in size with a rounded shape and hypoechogenic appearance.

No ascites evident.

## **ULTRASONOGRAPHIC FINDINGS**

- Splenic pathology.
- Hepatopathy.
- Mesenteric lymphadenomegaly.
- Chronic pancreatitis.
- Enlarged right kidneys.
- Urinary bladder sediment.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the splenic pathology and mesenteric lymphadenomegaly would be infiltrative neoplasia such as lymphoma or mast cell tumor, inflammatory reaction with reactive hyperplasia a less likely differential diagnosis.

Etiologies for the hepatopathy would be reactive hyperplasia, lipidosis, granulomatous disease, hepatitis and infiltrative neoplasia.

Enlarged right kidney is most likely an incidental finding as it has a similar appearance to the left kidney.



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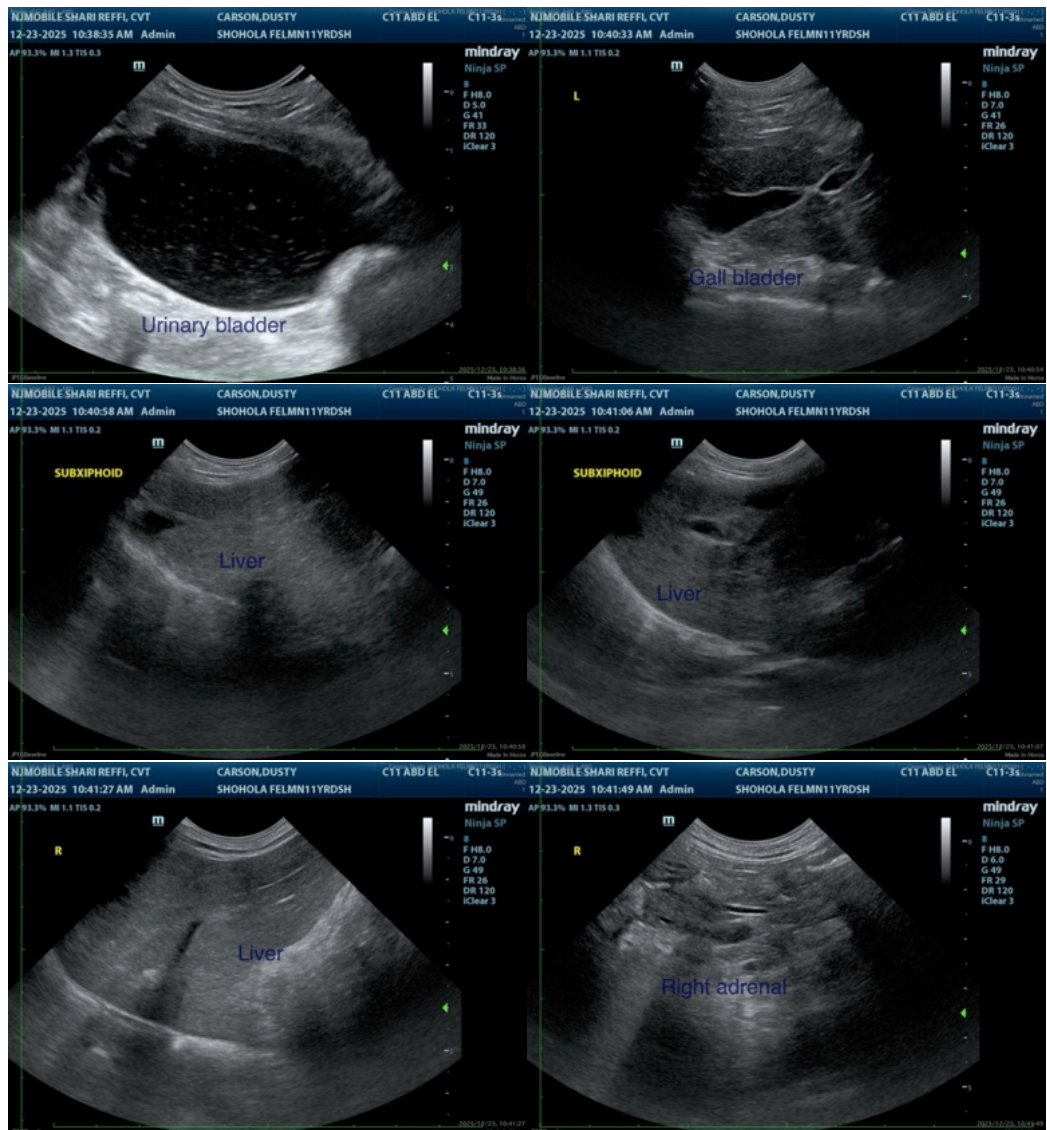
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The urinary bladder sediment is most likely an incidental debris with crystalluria, hematuria and bacterial cystitis a less likely differential diagnosis.

Further assessment would be urinalysis, possibly urine culture, FPL/PSL assay and FNA cytology of the spleen, liver and mesenteric lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.





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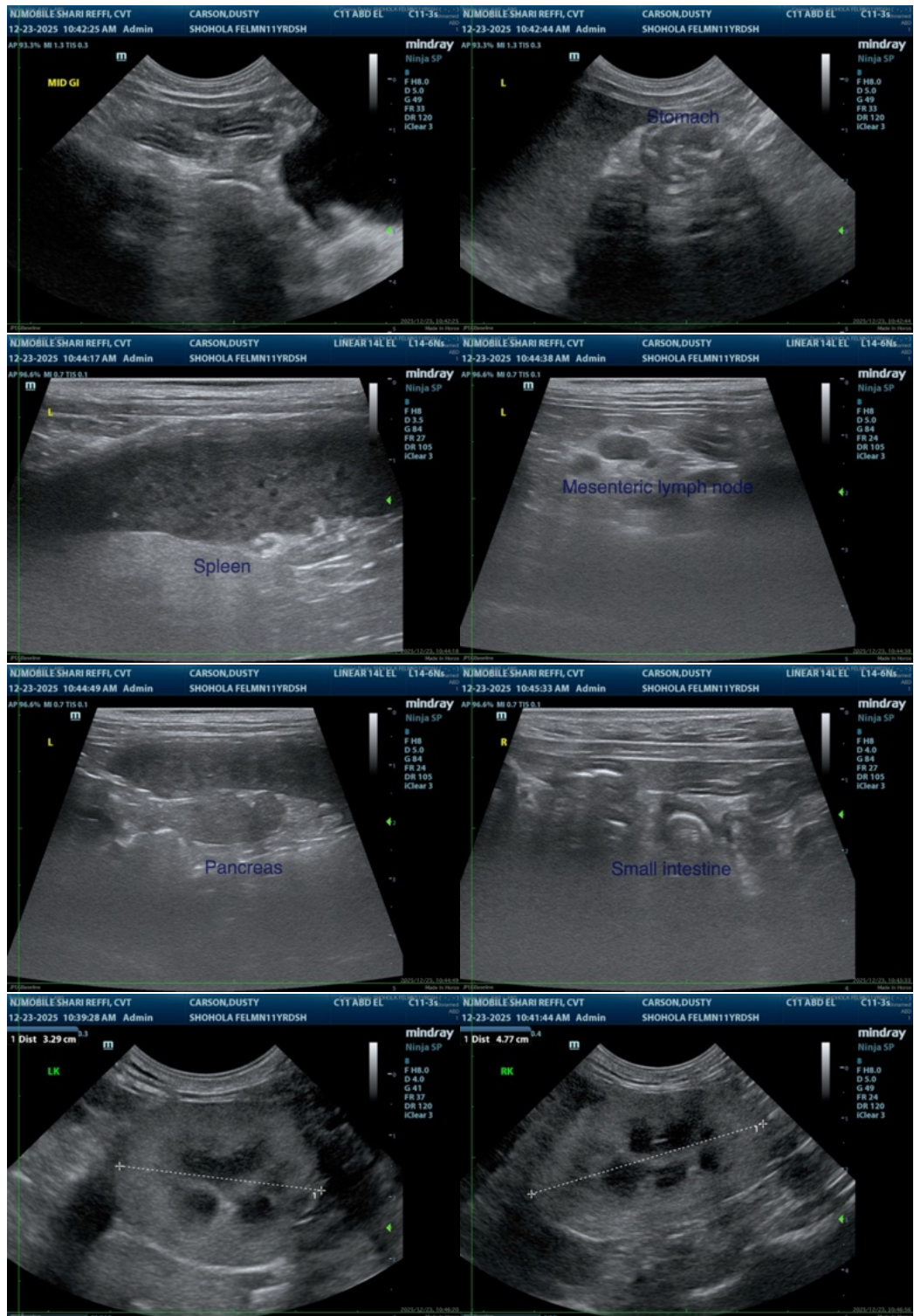
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)