

PATIENT

Buddy Webster

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

12 Years

WEIGHT

6.85 kg

INTERPRETED BY

Tam Mengine, DVM,
 DABVP (canine/feline
 practice)

**IMAGING
 PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Webster

INVOICE

35867

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: Dx. with suspected IBD Sept. '22. Treated with tapering course of prednisolone. When we tried to decrease to 5mg EOD diarrhea resulted. Has been maintained on 5mg prednisolone UID. Stools were well controlled until approx. 2-3 months ago Treated with metronidazole. Initial improvement noted, but now diarrhea has returned and is persistent. Dx. with diabetes Aug. '25 which is currently well controlled on Senvelgo. Longstanding hx. of seizures that started in 2018. Maintained on Keppra TID. Current Medications Prednisolone 5mg UID, Vitamin B12 inj. q monthly, Senvelgo 7kg dose UID, Keppra 62.5mg TID.

Abnormal PE/Chem/CBC/UA Results: labs and prev US reports attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 2.0 cm.

The kidneys exhibit mildly decreased corticomedullary differentiation. Infarcts are seen within the renal cortex of both kidneys. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 4.3 cm in length. The right kidney is 4.5 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 3.3 mm. The right adrenal gland height is 2.8 mm.

Spleen

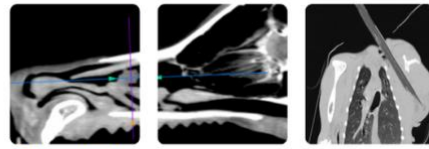
The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at 9.4 mm.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. There is a 4.6 cm x 3.6 cm x 2.6 cm cystic mass located in the right cranial aspect of the liver. The surrounding omentum is normal. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal



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The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.

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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to 1.6 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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Pancreas

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Cystic mass in the right liver

Secondary Findings

- Bilateral chronic renal changes

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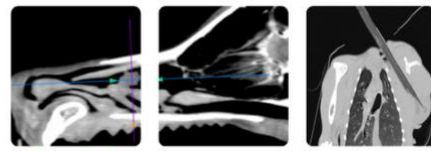
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The visualized portions of the small bowel appear unremarkable, and the previously noted splenomegaly is not evident on today's ultrasound. The chronic renal changes appear stable, as compared to prior reports. The mass in the liver may represent a benign cystadenoma or malignant cystadenocarcinoma. Fine needle aspiration could be attempted for definitive diagnosis. If malignant, it is possible that this is contributing to the patient's diarrhea, although this would not be a typical symptom anticipated with this lesion. Thus, despite the normal appearance of the bowel, it is also possible that the previously controlled infiltrative bowel disease is no longer responding to current therapy. A complete GI panel may be helpful in further determining the health of the small bowel. Ultimately, intestinal biopsies would be needed to completely characterize the presence of any underlying pathology, however, the corticosteroid therapy may interfere with obtaining accurate results. If a higher dose of steroids is needed, budesonide would be a consideration, as this may be less likely to exacerbate the current diabetes mellitus.



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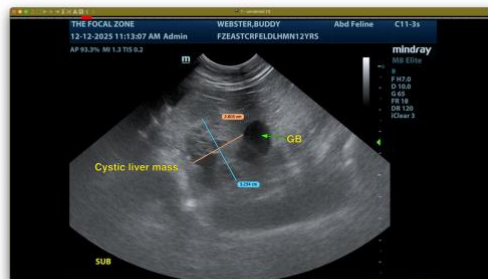
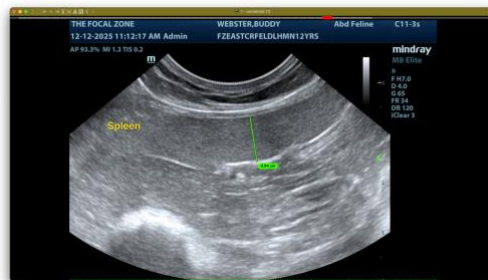
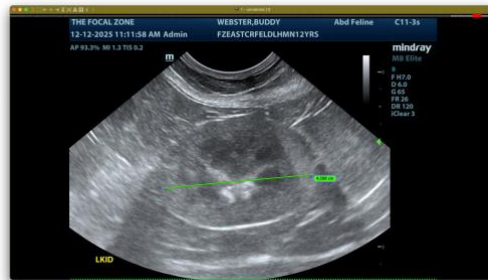
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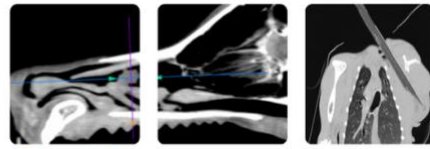
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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PATIENT info@SonoPath.com

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