



PATIENT

Luna Alexander

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

17 years

WEIGHT

7.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander,
LVT

HOSPITAL NAME

NorthStar VS

REFERRING VET

Dr. Harberson

INVOICE

71070

DATE

1/29/26

PRESENTING CLINICAL SIGNS

- Early January patient began having hyporexia, vomiting, PU/PD, and decreased bowel movements
- Fast scans at the time showed signs of ileus and maybe some mild renal pelvis dilation on the left
- Labwork done 1/14 showed mild elevations in kidney values and mild anemia
- After several days of oral cerenia, and SQ metoclopramide, patient's clinical signs seemed to mostly revolve
- Patient still eating more slowly than usual and intermittently dry heaving, vomiting clear liquid

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

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 3.4 cm, right measured 3.5 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal 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 0.72 cm in length x 0.51 cm in width. The right adrenal gland measured 0.84 cm in length x 0.41 cm in width.

Spleen

Normal size, echogenic appearance with a smooth homogenous parenchyma and 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 0.9 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.



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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.

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. The stomach measured 0.17 cm, colon measured 0.1 cm.

Pancreas

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

Normal mesenteric lymph nodes.

No ascites evident.

Focal, irregular, cystic mass like structure in the caudal abdomen associated with the colon. Hyperechogenic appearance of the mesentery surround the structure as well as a small amount of fluid accumulation.

ULTRASONOGRAPHIC FINDINGS

- Cystic mass.
- Renal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the cystic mass would be granuloma, neoplasia and possibly focal perforation.

The appearance of the kidneys is consistent with chronic kidney disease.

The scalloped appearance of the splenic capsule can be considered an incidental, age related finding.

Further assessment would be FNA cytology.

Further assessment of the renal disease would be urinalysis, urine culture, UPC (if culture and sediment is negative) and blood pressure.

Specific therapy would be dependent on an etiological diagnosis.



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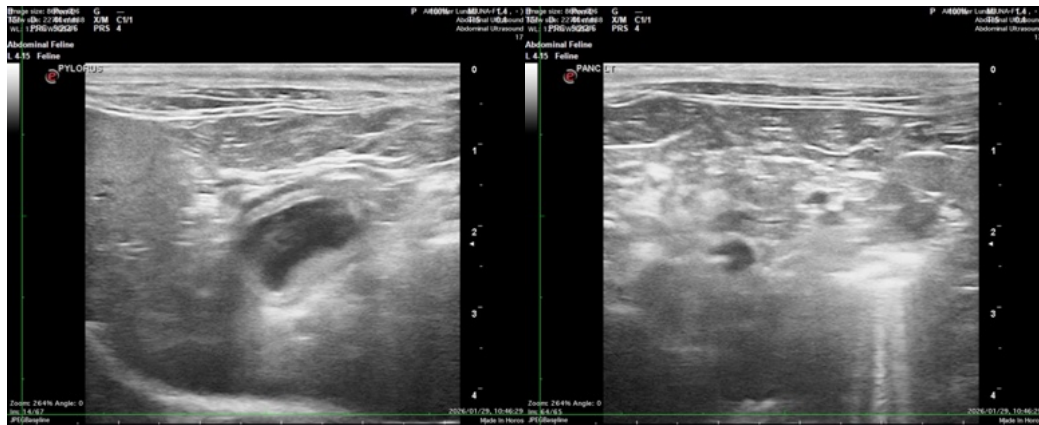
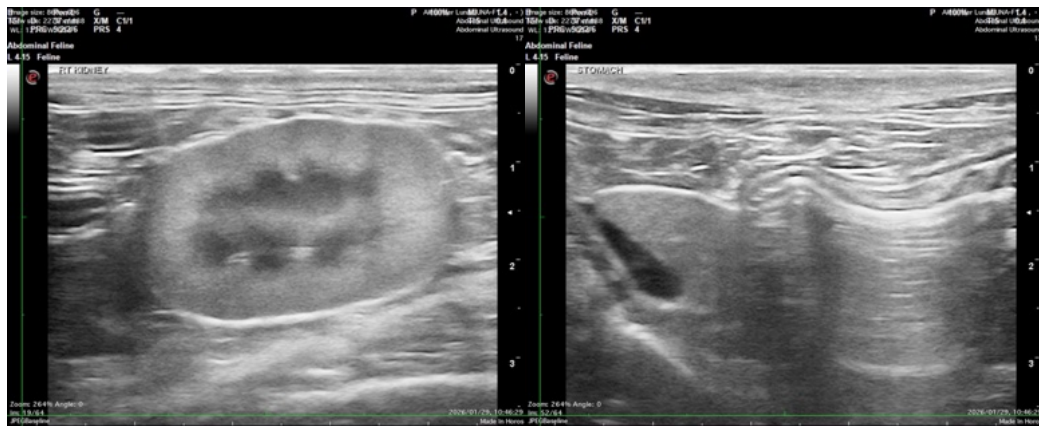
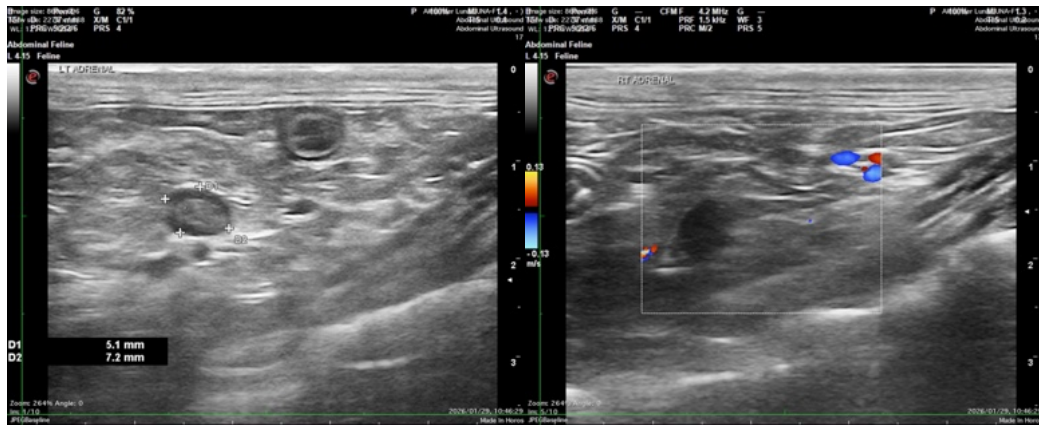
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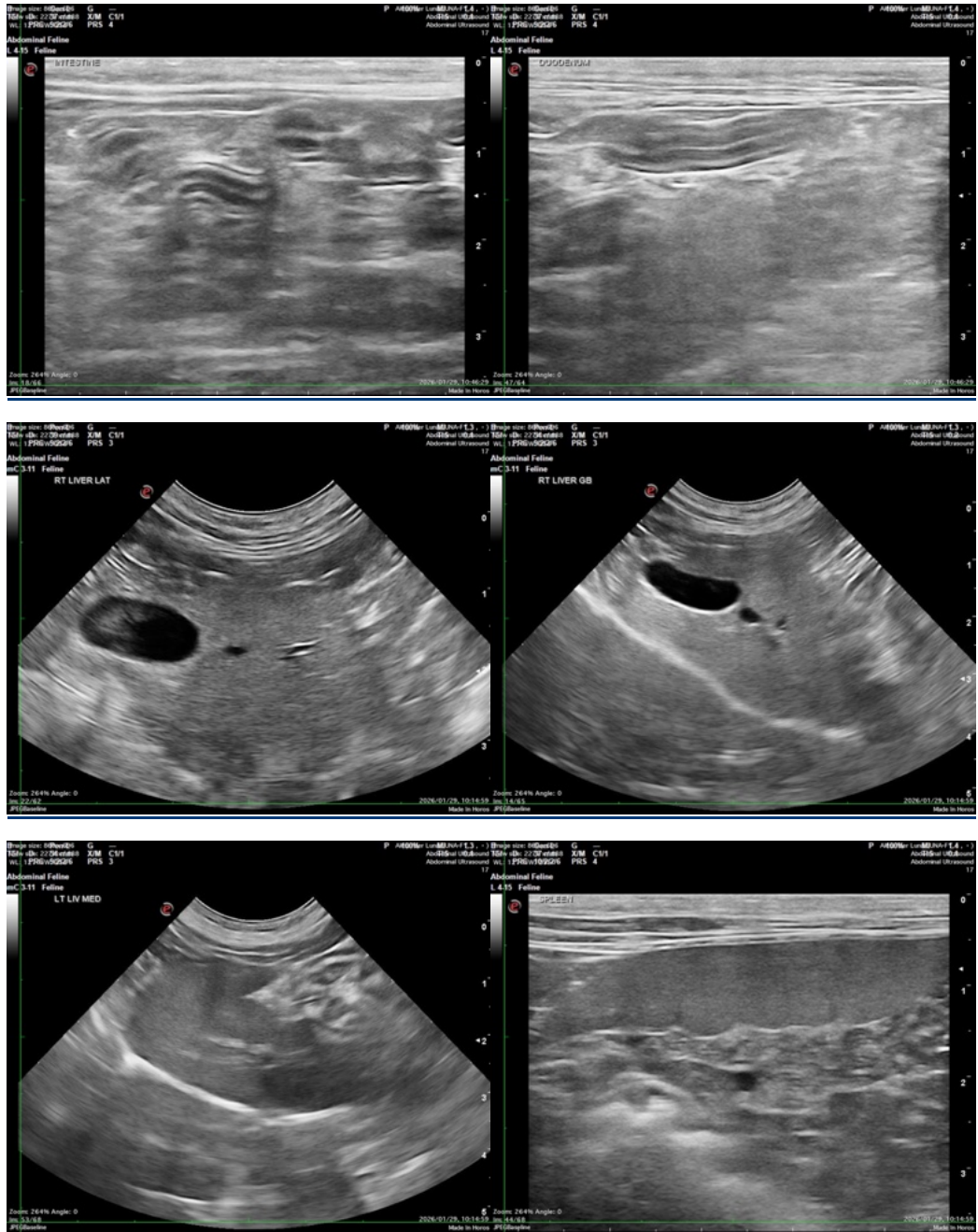
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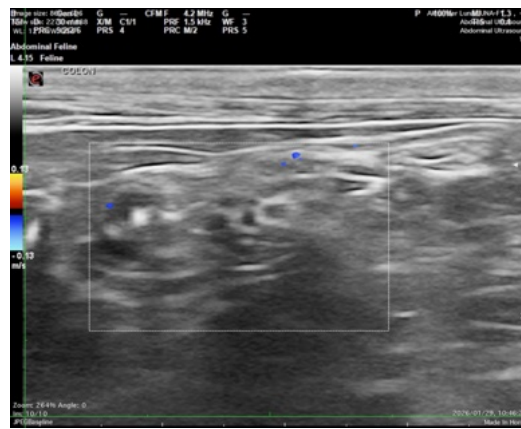
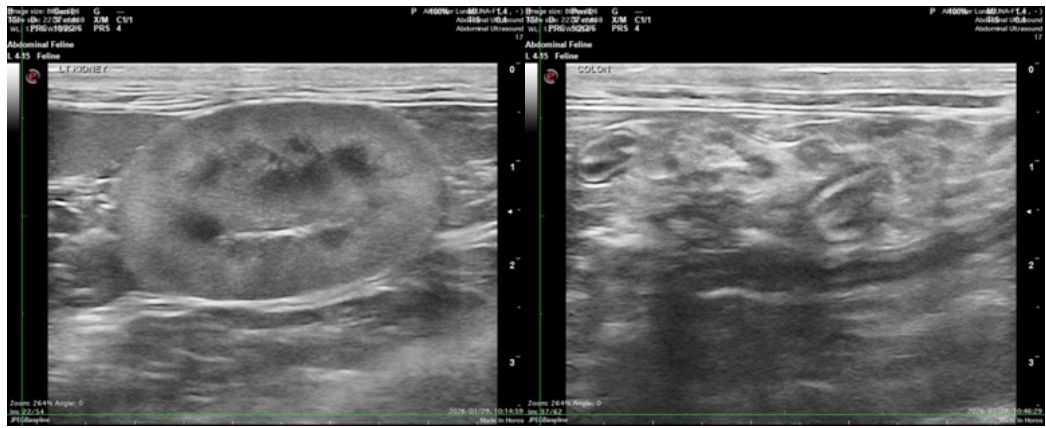
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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