



PATIENT

Jack Park

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years 10 Months

WEIGHT

10.44

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Joan Gramazio

HOSPITAL NAME

Shohola Veterinary
Hospital

REFERRING VET

Dr. Livia Demeo

INVOICE

72619

DATE

1/30/26

PRESENTING CLINICAL SIGNS

Presents for weight loss, polydipsia, inappetence, diarrhea, and vomiting. History of intestinal issues as kitten, treated with antibiotics and prednisone. Chronic dental disease with tooth root exposure. Recent weight loss (not noticed by owner until weighed at previous vet). Eating normally until approximately one week ago. Sudden onset of polydipsia and food aversion one week ago. Unable to tempt with any food. Developed diarrhea and vomiting. Occasionally given probiotics (FortiFlora). Elevated kidney values on blood work

Abnormal PE/Chem/CBC/UA Results: Creatinine 5.6 mg/dL (0.8-2.4) BUN 88 mg/dL (16-36) Globulin 5.9g/dL (2.8-5.1) Urine culture- negative SG 1030 blood in urine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing a small amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall.

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, with increased echogenic appearance, loss of cortico-medullary differentiation, pyelectasia, and an irregular capsule. No infarcts or renoliths evident. Pinpoint mineralization and cortical cysts present in both kidneys, measuring up to 1.2 cm in size. Reduced color flow pattern evident in both kidneys. Left kidney measures 4.2 cm. Right kidney measures 3.8 cm.

Adrenal Glands

The adrenal glands are not clearly visualized but appears to be of normal shape, echogenic appearance, and size.

Spleen

Normal size (0.70 cm in width) 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.

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

Small 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

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. Moderate amount of ingesta present within the stomach. Chyme present within the small intestine.

Pancreas

Visible section presents normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Renal disease.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

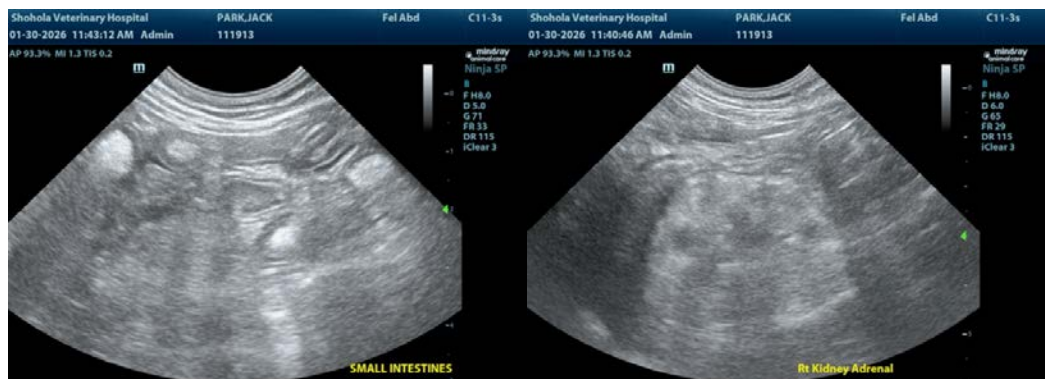
Etiologies for the renal disease would be acute on chronic kidney disease, granulomatous disease, emerging lymphoma, and a congenital anomaly.

The most likely etiology for the urinary bladder sediment would be hematuria, as per the patient's history.

Further assessment would include blood pressure and FNA cytology of both kidneys. A tru-cut or wedge biopsy may, however, be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Management of the renal disease would include feeding a renal diet, use of enteric phosphate binders as needed, and either an ACE inhibitor or receptor blocker.





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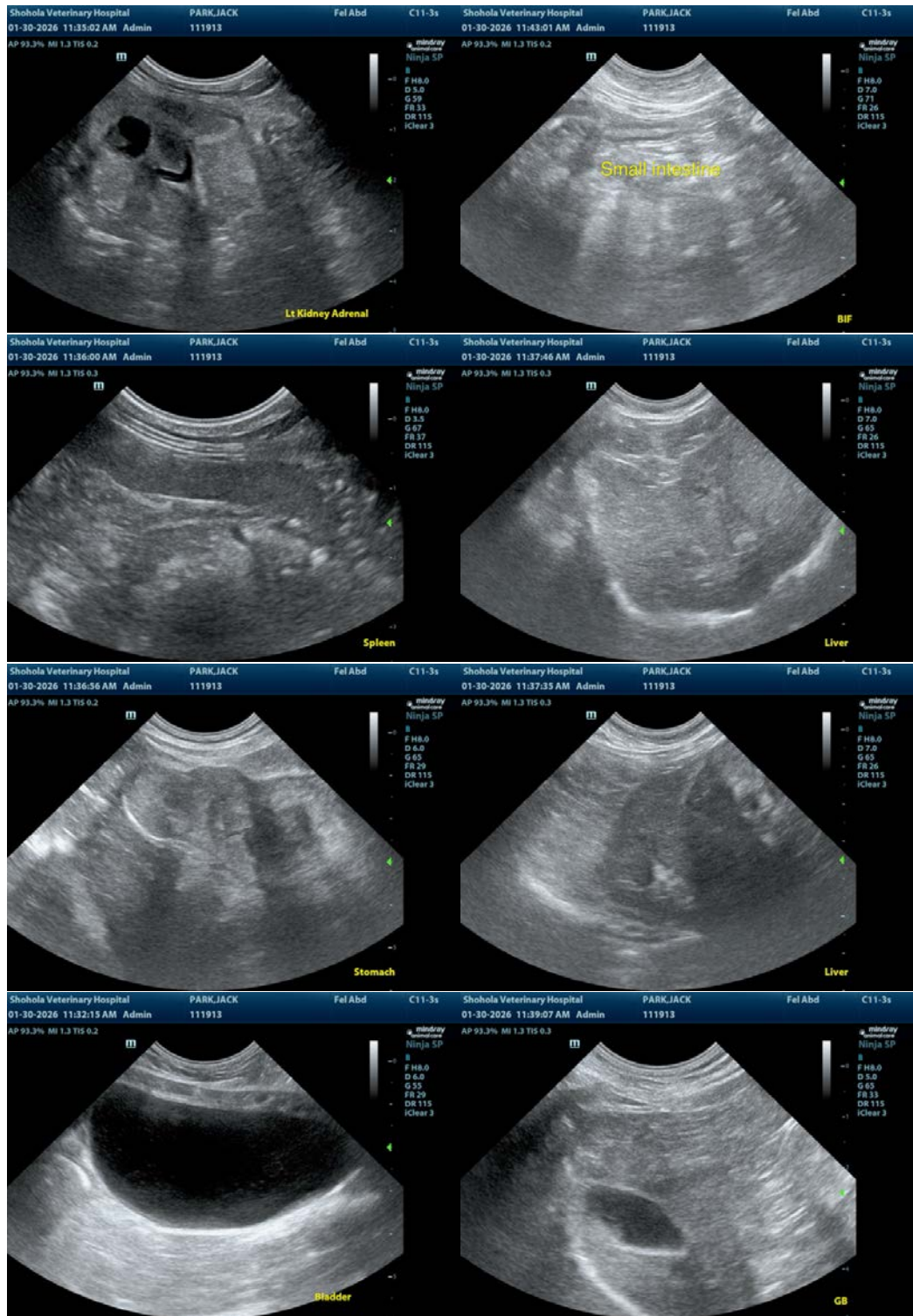
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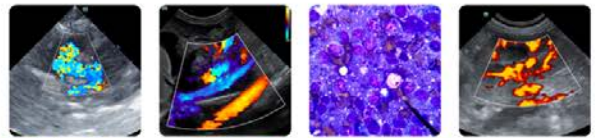
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com