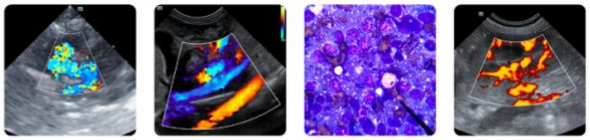

PATIENT

Bane Acton

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

4.62 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Schneider

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Schneider

INVOICE

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DATE

1/31/26

PRESENTING CLINICAL SIGNS

- Bane presented after having BW performed at pDVM yesterday which showed elevated kidney values.
- Recently moved here last year from arizona. June, started urinating outside the litter box. Seen in early July with new pDVM and diagnosed with azotemia (early) and UTI, placed on antibiotics. UTI resolved, rechecked at end of July. O report Kidney values improved but did not go back down to normal. He was started on a renal diet at that time.
- He has been doing well at home until about 2 weeks ago, decreased appetite that has been progressing, noted weight loss. He has been vomiting intermittently since diagnosed originally with azotemia (on average about 2x a week) but this week has not vomited. O do feel like the vomiting might be correlated to the wet food
- Abnormal PE/Chem/CBC/UA Results: pDVM lab trends: 7/10/25 UA: USG 1.019 pH 5.5 protein 2+ WBC >100/HPF RBC >100/HPF marked bacteria 7/29 UA: USG 1.020 pH 6.0 protein 3+ WBC 2-5/HPF RBC > 100/HPF 1/30 CBC: HCT 38.3 WBC 10.2 Neuts 8.619 mono 0.5 (h), plts 212 Chem: SDMA 33 Creat 4.0 BUN 82 Ca 11.4 (Rr 8.2-11.2) TP 9.6 Alb 4.1 Amylase 2404 CK 952 Lytes: NA 144 (L). K 5.2 (rr 5.5-157) UA: USG 1.017 pH 6.0 Protein 3+ WBC 2-5/HPF RBC 75/100/HPF no bacteria seen 1/31/26 EPOC: HCT 28 Gluc 147 Creat 3.5 BUN 61 Lact 3.55 lytes wnl (NA 151 K 4.1 Cl 128), pH 7.221 bicarb 13.4 PCV/TS: 30/9.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder with a thickened and irregular appearance of the wall (up to 0.9 cm). Normal anechoic urine with no sediment or uroliths evident. Thickened and irregular appearance of the trigone area. Normal appearance of the proximal urethra and iliac blood vessels. Normal appearance of the iliac lymph nodes. Dilated proximal left ureter. The right ureter was not visualized, which can be considered a normal finding.

The left kidney (2.5 cm) was small and irregular, with early hydronephrosis evident.

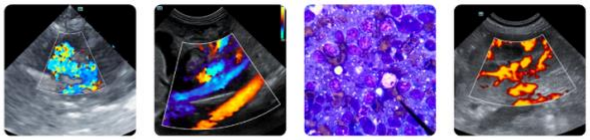
Normal right renal size (3.8 cm) with an increased echogenic appearance, loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal colorflow pattern was evident.

Adrenal Glands

The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance, and size.

The left adrenal gland was not visualized.

Spleen



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Normal size (0.8 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

Full gallbladder, 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

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.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder thickening
- Left hydronephrosis
- Right sided nephropathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder thickening would be neoplasia with chronic bacterial cystitis and granulomatous disease less likely differential diagnoses.

The left sided hydronephrosis can be ascribed as secondary to obstruction at the trigone level by the urinary bladder thickening.

The most likely etiology for the right sided nephropathy would be chronic kidney disease with bacterial nephritis and hypertensive nephropathy less likely differential diagnoses.

Further Assessment would be urine culture, UPC, blood pressure, and a catheter-assisted aspirate/biopsy of the urinary bladder wall for cytology/histopathology and culture.

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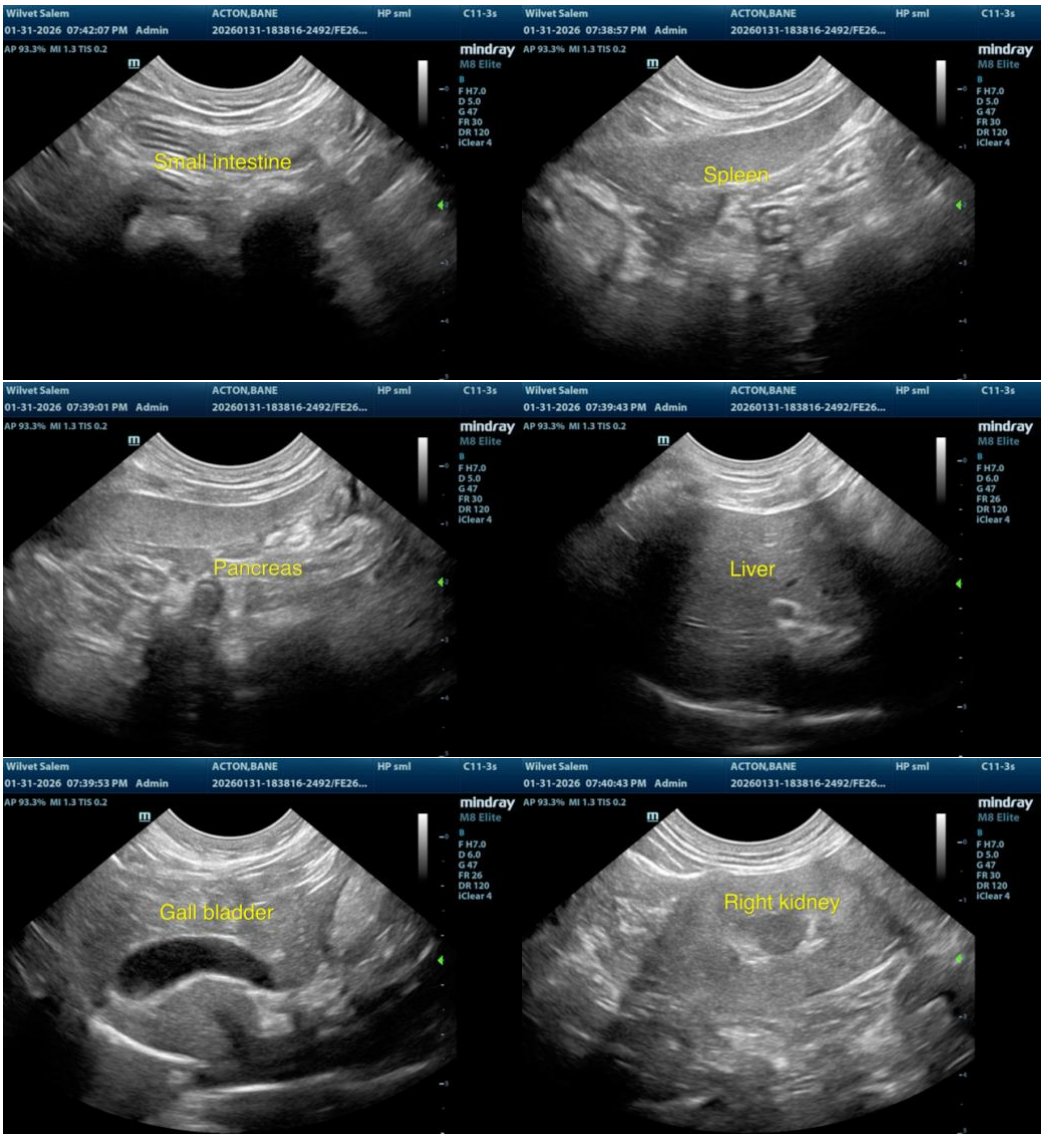
Management of the renal disease would be feeding a renal diet, use of enteric phosphate binders as needed and either and ACE inhibitor or receptor blocker. Management of the urinary bladder neoplasia would be palliative therapy.



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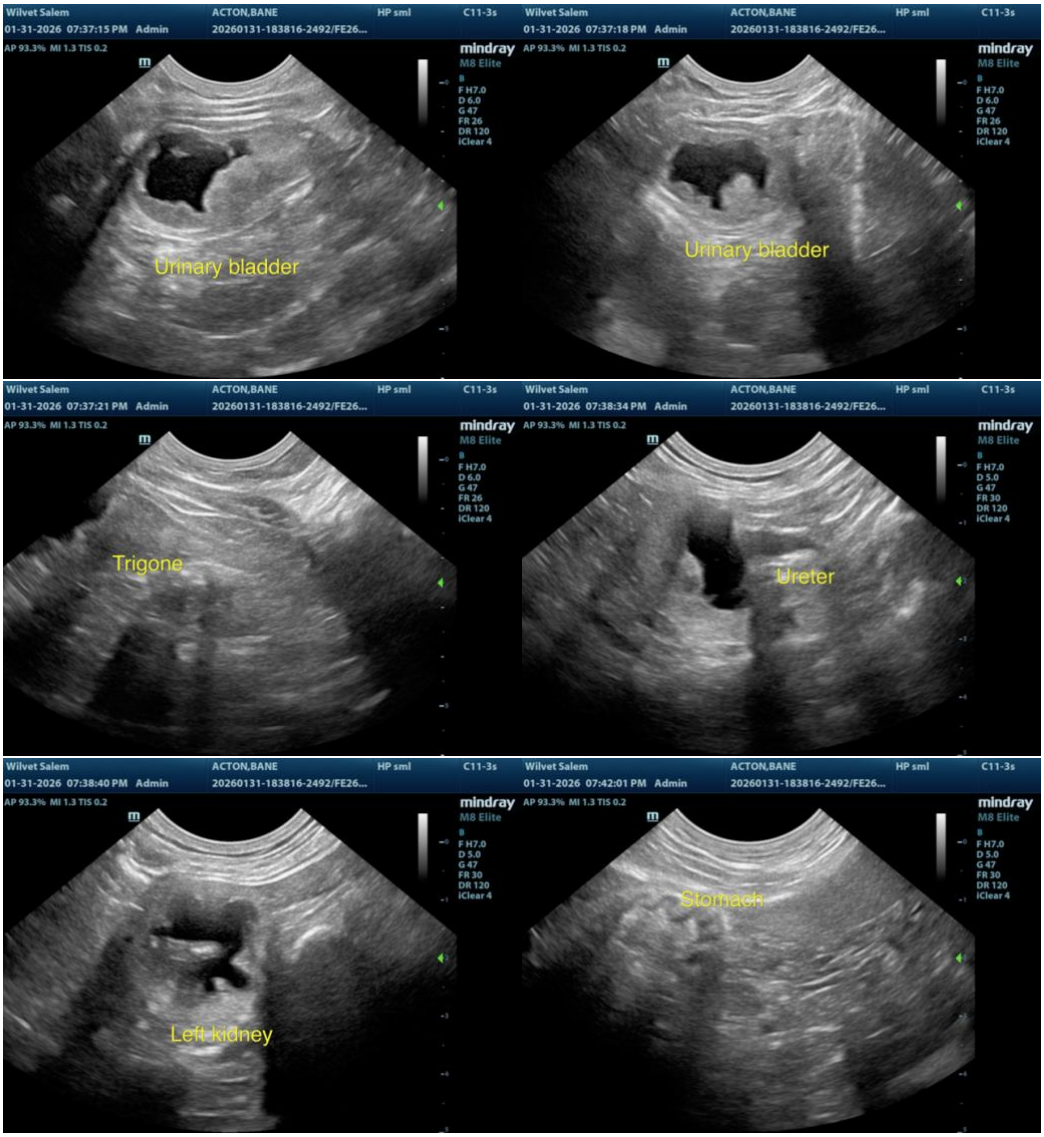

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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