



PATIENT

AJ Jones

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4.5 Years

WEIGHT

3.67 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Julia Kerr

INVOICE

35257

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: *presented 1/5/26 for anorexia, lethargy, and upper respiratory issues. Upper respiratory issues past 3 weeks. Seen at RDVM and given steroid and convenia injections. Did well for 2 days. Seen again at rdvm on 12/31/25 and given Clavamox, Orbax and Elura. Now losing weight, not eating, lethargy and worsening URI. *concern for severe URTI, inappetence, FIP vs other- renal infiltrative disease as kidneys plump; other.

Abnormal PE/Chem/CBC/UA Results: PE 1/5: temp 97.3, HR 230 bpm, dull/depressed, BCS 3/9, subtle pain, nausea: drooling; Soft on abd palpation, doughy, enlarged kidneys?; kidneys feel plump bilaterally; Muscle atrophy CBC: hct 28%, platelet 57k (long draw), lymph 0.10, eos 0.01 EPOC: K+ 3.4, iCa+1.20, lactate 5.07(long draw), BUN 50, Glucose 207, Hct 26 chem: BUN 56.8, Phosph 6.8, TP >11, glob ** (H, not read); alb 2.8, Cholesterol 287, TBil 0.60

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder, containing a moderate 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.

Bilaterally enlarged kidneys (left 6.2 cm/right 6.6 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, mild pyelectasia, and a regular curvilinear capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern was evident in both kidneys.

Adrenal Glands

Right adrenal gland was normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 0.47 cm in width.

The left adrenal gland was not visualized.

Spleen

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



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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.

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Pancreas

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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.

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Free Abdomen

DSH

Normal mesenteric lymph nodes.

SEX

No ascites evident.

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

- Renal disease
- Urinary bladder sediment

4.5 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

3.67 kg

Etiologies for the renal disease would be bacterial nephritis, granulomatous disease, such as FIP, and lymphoma, with acute kidney injury a less likely differential diagnosis. Etiologies for the urinary bladder sediment would be incidental debris, crystalluria, and bacterial cystitis.

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Further assessment would be urinalysis, possibly urine culture, serum protein electrophoresis, and FNA cytology of both kidneys.

Specific therapy would be dependent on an etiological diagnosis.

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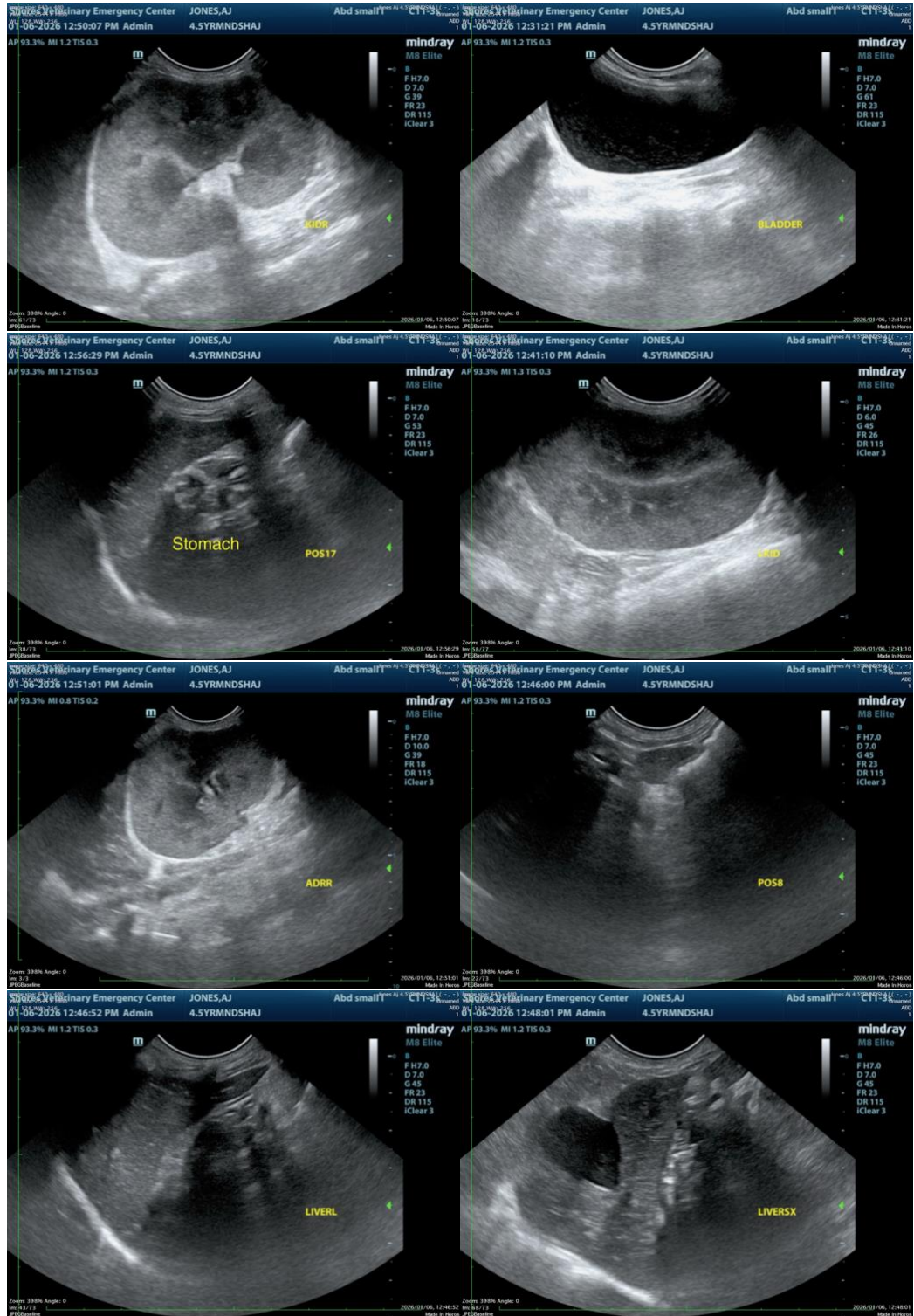
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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