



## PATIENT

Muffin Burrall

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

12 years

## WEIGHT

7.98 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Quinn Robinson RVT

## HOSPITAL NAME

Hess Ridge AH

## REFERRING VET

Dr. Skarie

## INVOICE

68532

## DATE

11/10/25

## PRESENTING CLINICAL SIGNS

History: -History of left nephrectomy (2021, Colorado State University) for hydronephrosis/hydroureter secondary to ureteral stenosis, and chronic idiopathic hypercalcemia that has remained stable on periodic monitoring. -A fluid-filled, well-defined structure was visualized incidentally on FAST scan (10/31/25) during attempted cystocentesis. Looking to investigate what this is. -Patient has long-term history of inappropriate urination (behavioral) and stable mild hypercalcemia (Ca 12.3 mg/dL).

Abnormal PE/Chem/CBC/UA Results: Renal values are stable (Cr 1.6 mg/dL, SDMA 12, BUN 31). UA: SG 1.019, trace RBCs, no bacteria or crystals. CBC and T4 within normal limits. No weight loss, vomiting, or systemic illness; appetite and activity normal.

## 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.

The left kidney is absent (previous nephrectomy).

The right kidney measured 4.0 cm with normal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern in the right kidney.

### Adrenal Glands

The adrenal glands are not visualized.

### Spleen

Normal size 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. The spleen measured 1.0 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.



## PATIENT

Muffin Burrall

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

12 years

## WEIGHT

7.98 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Quinn Robinson RVT

## HOSPITAL NAME

Hess Ridge AH

## REFERRING VET

Dr. Skarie

## INVOICE

68532

## DATE

11/10/25

## ***Gallbladder***

The gallbladder is small 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***

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.

An abdominal cyst measuring 1.8 x 2.7 cm in the caudal abdomen adjacent to the apex wall of the urinary bladder.

## **ULTRASONOGRAPHIC FINDINGS**

- Abdominal cyst.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the abdominal cyst would be an incidental mesenteric cyst. However, with the close proximity to the urinary bladder a differential diagnosis would be a congenital urinary bladder anomaly.

Further assessment that could be considered would be a contrast cystography.

Monitoring of the cyst would be recommended and if there is any progressive enlargement then percutaneous drainage or surgical resection would be indicated.



**PATIENT**

Muffin Burrall

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

12 years

**WEIGHT**

7.98 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Quinn Robinson RVT

**HOSPITAL NAME**

Hess Ridge AH

**REFERRING VET**

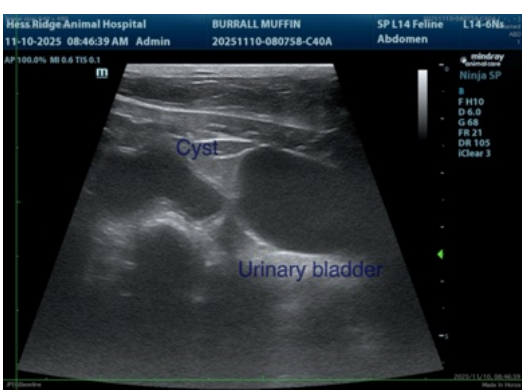
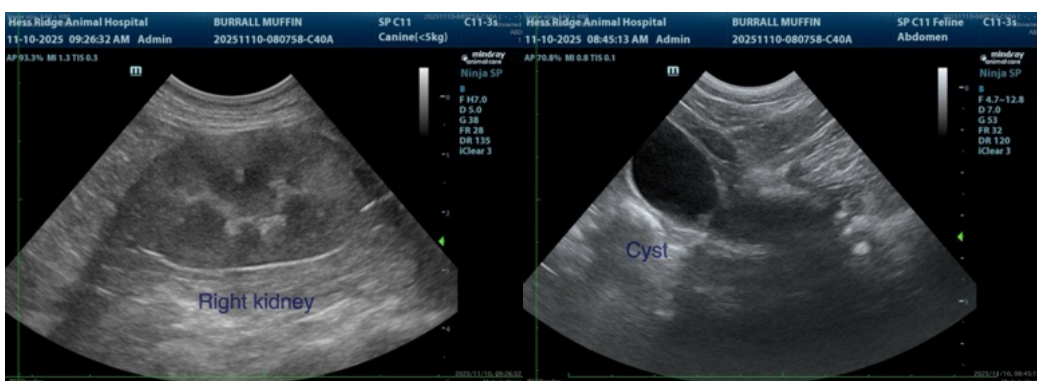
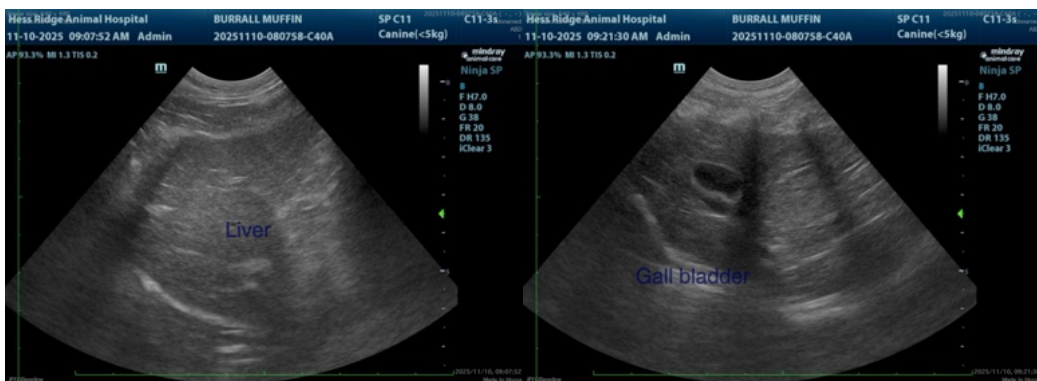
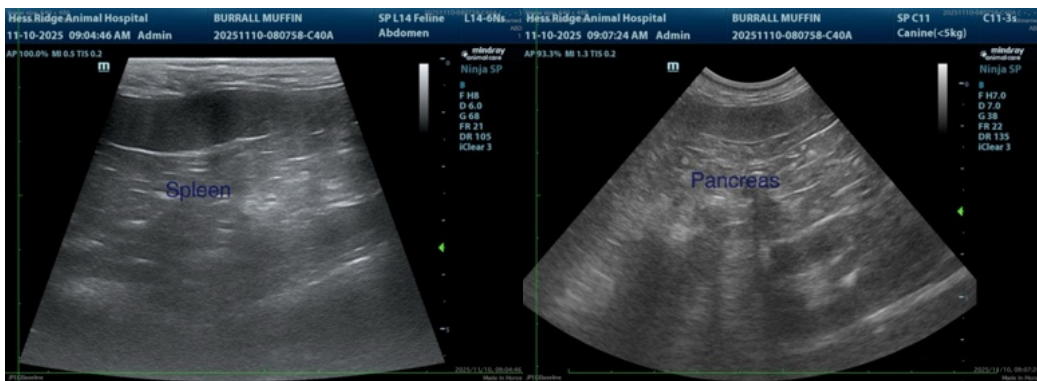
Dr. Skarie

**INVOICE**

68532

**DATE**

11/10/25





## PATIENT

Muffin Burrall

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

12 years

## WEIGHT

7.98 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Quinn Robinson RVT

## HOSPITAL NAME

Hess Ridge AH

## REFERRING VET

Dr. Skarie

## INVOICE

68532

## DATE

11/10/25

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](mailto:info@sonopath.com)