



PATIENT

Isabell Haseotes

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

15 years

WEIGHT

7.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

A Murphy CVT

HOSPITAL NAME

Wauwatosa VC

REFERRING VET

Dr. Binor

INVOICE

68639

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: Isabell has a history of chronic neurologic disease (central). She presented to the neurologist for worsening of her symptoms. She presented cachexia (BCS 2/9), II/VI heart murmur, and dental disease. Neurologic exam indicated mental dullness with absent menace responses in both eyes. she was weakly ambulatory on all 4 limbs with severe cerebellar/vestibular ataxia, a wide-base stance, and occasional intention tremors (involuntary muscle contractions during intentional movements). Absent paw placements of all 4 limbs as well as a crossed extensor reflex in her pelvic limbs. she also demonstrated extensor rigidity (stiffness) in all 4 limbs when her head/neck was dorsoflexed. These findings localized her problem to the central vestibular system (primary aspect causing her to fall) +/- possible the cerebellum (likely more historic for her), and possible the brainstem vs forebrain. the main differentials in her case are neoplastic process, an underlying vascular condition affecting her blood vessels, an inflammatory condition, or infectious disease process. Imaging today of abdomen to check for pyelonephritis--neurologist was concerned for pyelonephritis due to renal values and CBC. Plan to recheck CBC/Chem and T4 today, will also send out CXRs and Toxoplasma titer IFA

Abnormal PE/Chem/CBC/UA Results: Glucose = 150 (75-134) Urea = 45 (15-35) Creatinine = 2.7 (0.9-2.3) Total Protein = 8.3 (5.5-7.1) Albumin = 3.9 (2.7-3.9) Globulin = 4.4 (2.3-3.8) WBC = 13.93 (3.4-13.5) SEG = 11.70 (1.5-9.6) BAND = 0.14 (0-0.1) PCV = 30 (31-51) Total Plasma protein = 8.8 (6.7-8.9) RBC = 6.57 (6.9-10.6) HGB = 10.1 (10.5-16.7)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 3.3 cm, right measured 3.2 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

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

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 0.4 cm in width.



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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

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. The small intestine measured up to 0.33 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.

ULTRASONOGRAPHIC FINDINGS

- Renal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys would be consistent with chronic kidney disease and in line with the azotemia.

Further assessment would be urinalysis, UPC and blood pressure measurements.

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



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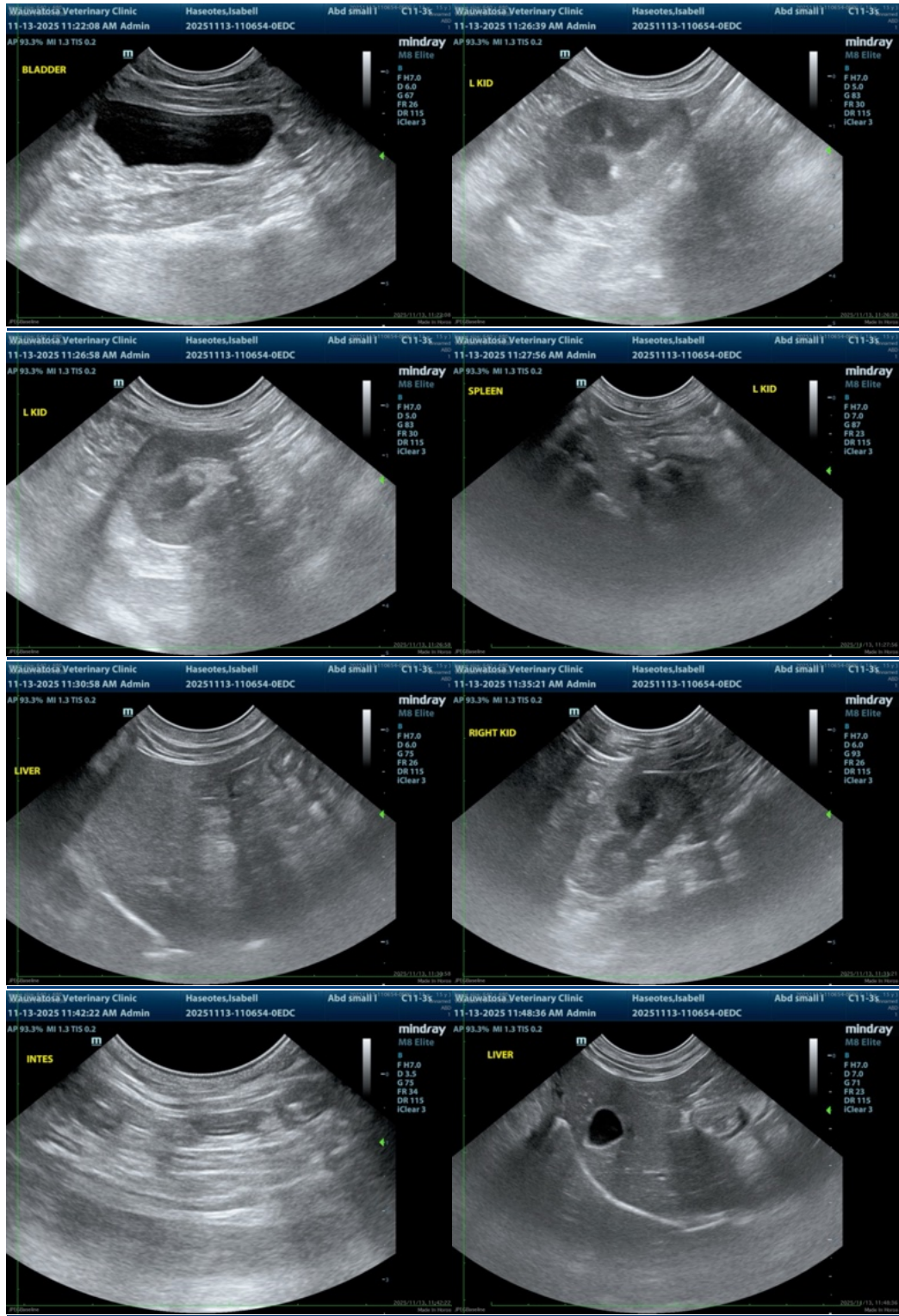
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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