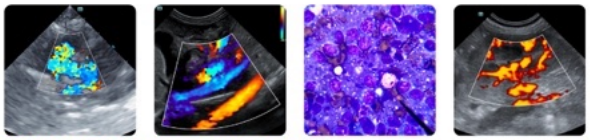


PATIENT

Louie Pangborn

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

2 years

WEIGHT

10.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier VH

REFERRING VET

Dr. Budden

INVOICE

69509

DATE

12/22/25

PRESENTING CLINICAL SIGNS

History: Clinical signs: Azotemia, weight loss, low appetite, dehydration History: History of renal azotemia diagnosed September of 2025 (creat 7). SC fluids started and rechecked at the end of September. Creat down to 4. Recheck labs on 12/20/25 and ultrasound to further assess urinary tract for cause of renal azotemia. No known toxin ingestion. Full records not currently available from original diagnosis. Current medications: Cerenia Butorphanol to facilitate ultrasound
Abnormal PE/Chem/CBC/UA Results: Physical exam: BCS 4/9, 5% dehydrated, mild dental tartar, normal exam otherwise Lab work: senior panel 12/20/25 BUN high 68 Creatinine high 3.2 SDMA high 20.4 Phosphorus high 9.6 Potassium low 2.6 Amylase high 1386 Hematocrit low 24% Platelet high 637 Remainder of CBC/CHEM normal Thyroid low 0.6 FEL V/FIV negative/negative USG 1.015 Protein trace Occult blood 3+ Heartworm test pending Fecal result pending sample submission Reticulocyte count normal Urine culture pending

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.

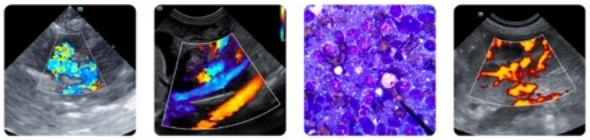
Normal renal size (left measured 3.8 cm, right measured 3.6 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, mild pyelectasia (0.1 cm), with a hyperechogenic appearance of the region and a regular curvilinear capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.37 cm and 0.38 cm in width. The right adrenal gland measured 0.31 cm and 0.35 cm in width.

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 0.8 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 stomach measured 0.17 cm, duodenum measured 0.22 cm, small intestine measured up to 0.27 cm, colon measured 0.12 cm.

Pancreas

Normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 0.9 cm in width and the right pancreas measured 0.8 cm in width.

Free Abdomen

Normal mesenteric lymph nodes measuring up to 0.4 cm.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Renal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the renal disease would be chronic kidney disease secondary to previous episode of bacterial nephritis or acute kidney injury with differential diagnosis being low-grade pyelonephritis, potassium losing nephropathy and hypertensive nephropathy.

Further assessment and therapy needs to be based on the pending results, but could include a fractional clearance of potassium and blood pressure determination.

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

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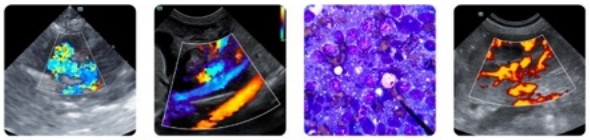

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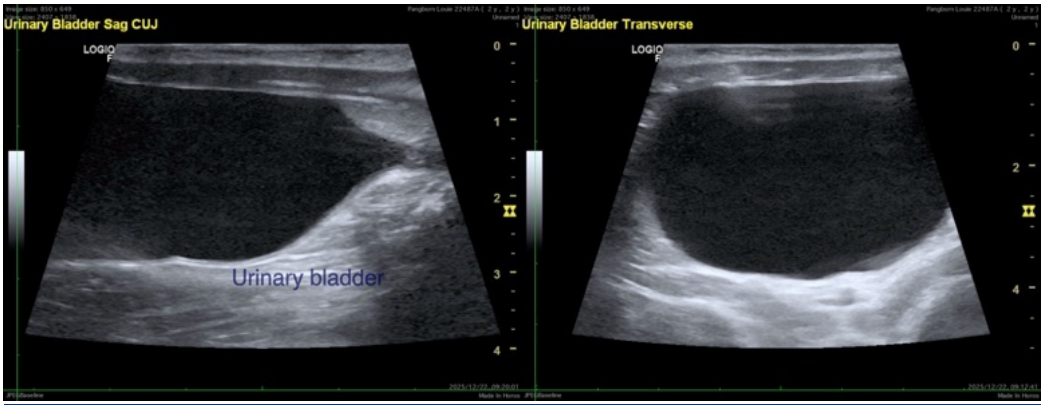

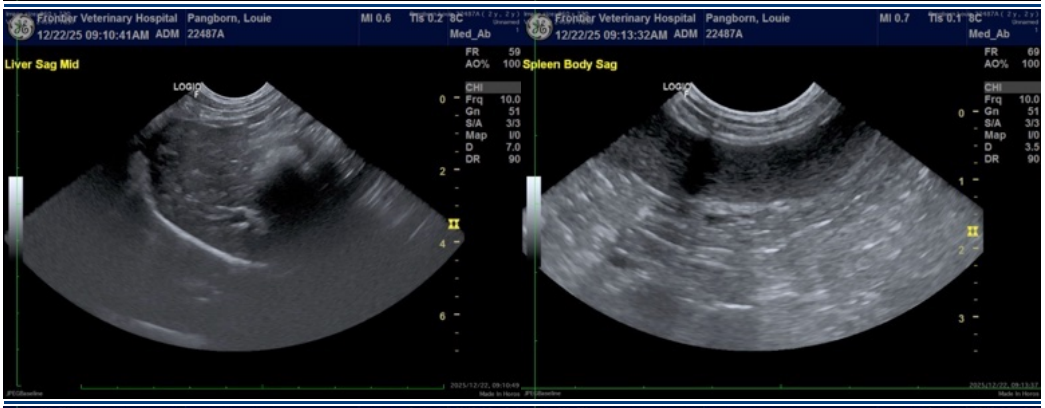

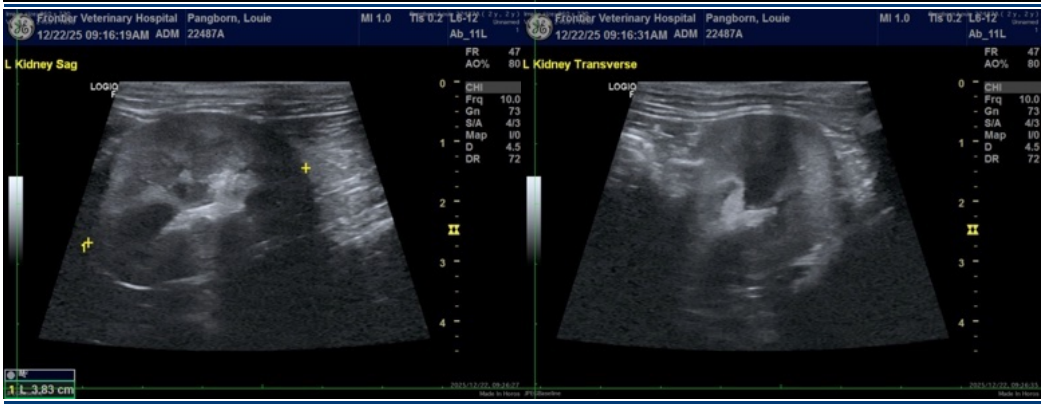

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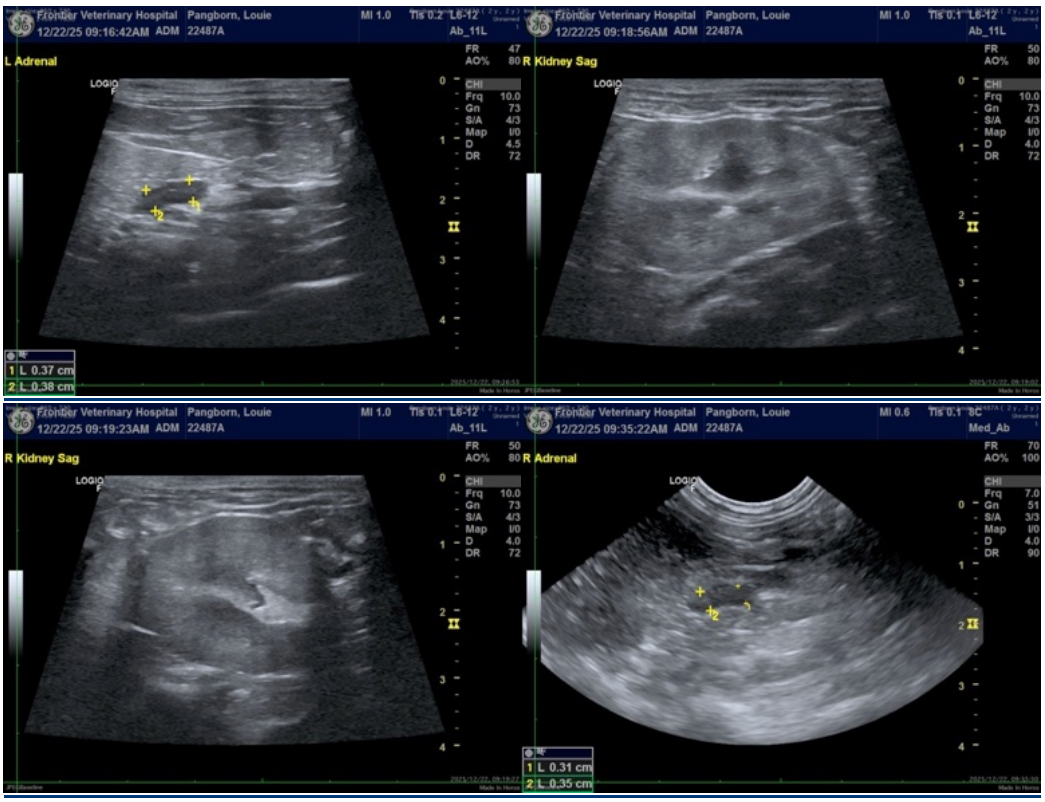

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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