



PATIENT

Fuzzy Hillebert

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

15 years

WEIGHT

2.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Kerr

INVOICE

69638

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: *presented 12/29 for weight loss, weak, v/d; not eating last 24-36 hours. P started losing weight 3-6 months ago despite a voracious appetite. O reports P used to be 20lbs. he also started v/d, urinating and defecating out of the litterbox, hiding, acting lethargic, not grooming himself, and not acting affectionate like he normally is. mobile vet saw P 11/14/25 and P weighed 3.77kg at that time. prior history of uti. admitted for supportive care; ivf with kcl, cerenia. *concern for weight loss, anemia, gastroenteritis, gi disease/IBD, neoplasia, malabsorption/maldigestion, other
Abnormal PE/Chem/CBC/UA Results: PE: subtle pain; BCS 3/9; Soft on abdominal palpation, very gassy rDVM labs 11/14: K+ 5.4, TP 5.9, Glob 2.8, Free T4 0.70, T4 1.9 11/15: hct 32.6% 12/29: ProBNP: 160.1 12/29 EPOC: Hco3 10.5, Chloride 136, iCa + 1.13, BUN 73, Hct 14% manual pcv 20 % 12/30: pcv 21%

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment is noted.

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 4.6 cm, right measured 4.5 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, normal left pelvis, mild right-sided pyelectasia and both kidneys had a regular curvilinear capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Right adrenal gland measured 0.32 cm in width. The left adrenal gland was not visualized.

Spleen

The spleen is not clearly visualized, but appears to be of normal size and echogenic appearance.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing a small amount of non-adhered, hyperechogenic sediment. 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. A moderate amount of fluid is present in the stomach. A small amount of fluid is present in loops of the small intestine. Fecal material is present in the colon. The stomach measures 0.45 cm.

Pancreas

The pancreas was not visualized.

Free Abdomen

Normal mesenteric lymph nodes.

A small amount of acellular ascites present.

Irregular, mottled echogenic, cystic mass in the midabdomen measuring 2.0 x 3.0 cm in size and is not associated with any organ.

Hyperechogenic appearance of the mesentery surrounding the mass.

ULTRASONOGRAPHIC FINDINGS

- Abdominal mass.
- Ascites.
- Renal disease.
- Urinary bladder sediment.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the abdominal mass would be neoplasia and granuloma with possible organs of origin being the pancreas, mesentery and mesenteric lymph nodes.

The ascites can be ascribed as secondary to the abdominal mass.



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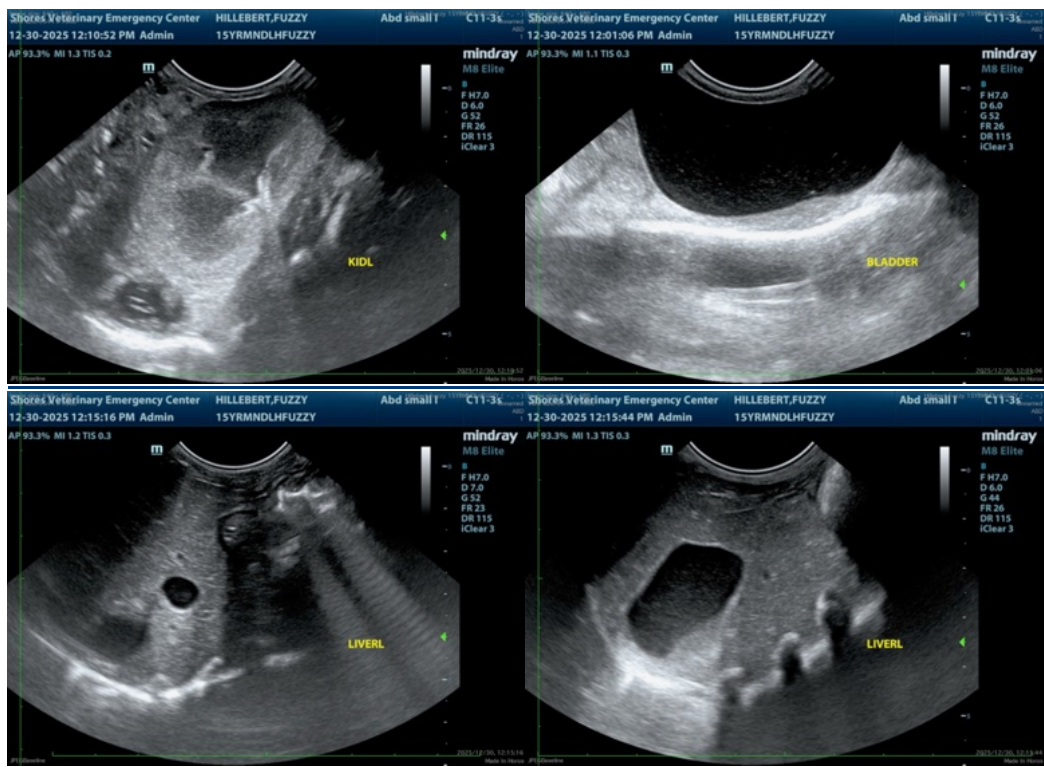
The appearance of the kidneys is consistent with chronic renal disease. Although the right-sided pyelectasia is most likely associated with the chronic renal changes, underlying low-grade pyelonephritis needs to be considered.

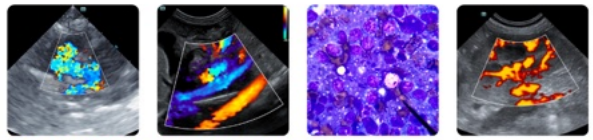
Etiologies for the urinary bladder sediment would be incidental debris, crystalluria, hematuria and possibly bacterial cystitis.

The gallbladder sediment is most likely an incidental finding.

Initial further assessment would be three view thoracic radiographs, FNA cytology of the abdominal mass, urinalysis and possibly urine culture.

Specific therapy would be dependent on an etiological diagnosis.





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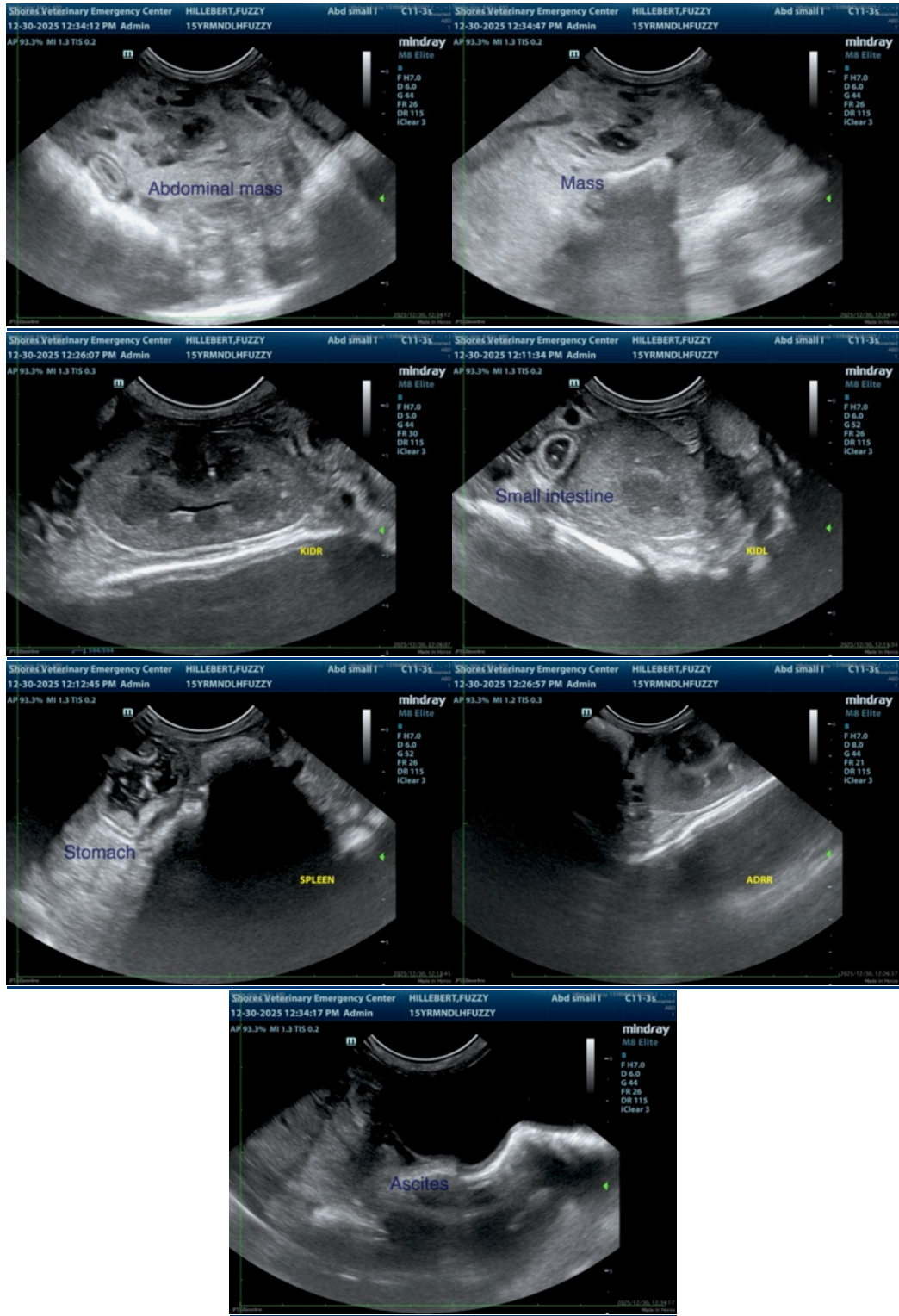
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The information and recommendations provided are based on the images presented by the



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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