



PATIENT

Boo Edson

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

19 years

WEIGHT

9.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Laura Tarr, CVT

HOSPITAL NAME

Ark AH

REFERRING VET

Dr. Kathy Cronin

INVOICE

69356

DATE

12/4/25

PRESENTING CLINICAL SIGNS

History: Boo has a history of kidney disease and weight loss (especially so in the last couple of months). Vomiting sporadically, a few times a week. Current medications are solensia and adequan (history of DJD). Previously had AUS last December and abnormal results are as followed: bilateral chronic nephropathy, suspect cystadenoma in the liver, prominent spleen, and prominent pancreatic duct. SDMA 16 Creatinine 2.5 BUN 65

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 3.3 cm, right measured 3.4 cm), increased echogenic appearance, loss of cortico-medullary differentiation, mild pyelectasia (right worse than left), and a regular curvilinear capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

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 0.8 cm in width.

Liver

Focal, cystic mass in the right liver lobe measuring 1.5 x 1.5 cm in size. The rest of the liver is of normal size maintaining a normal echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or additional masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full 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, 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. Normal thickness of the small intestine with no loss of layering, but with mild segmental increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen.

Pancreas

Normal size with a mottled echogenic appearance and an irregular 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.
- Enteropathy.
- Chronic pancreatitis versus pancreatic fibrosis.
- Hepatic cyst adenoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic renal disease. Although the pyelectasia is most likely associated with the chronic kidney changes, underlying low-grade pyelonephritis should still be considered.

Etiologies for the enteropathy would be age related changes, parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease.

Cystadenoma can be considered an incidental finding.

Further assessment would be urine and fecal analysis, possibly urine culture, cobalamin and folate, FPL/PSL assay and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



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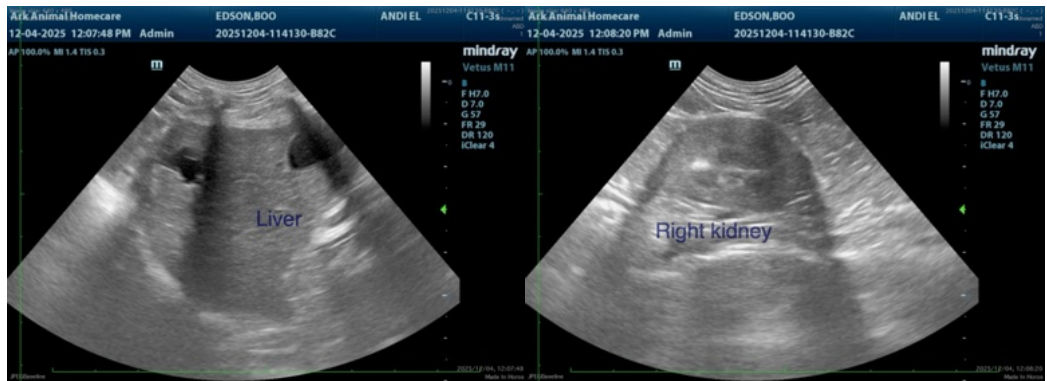
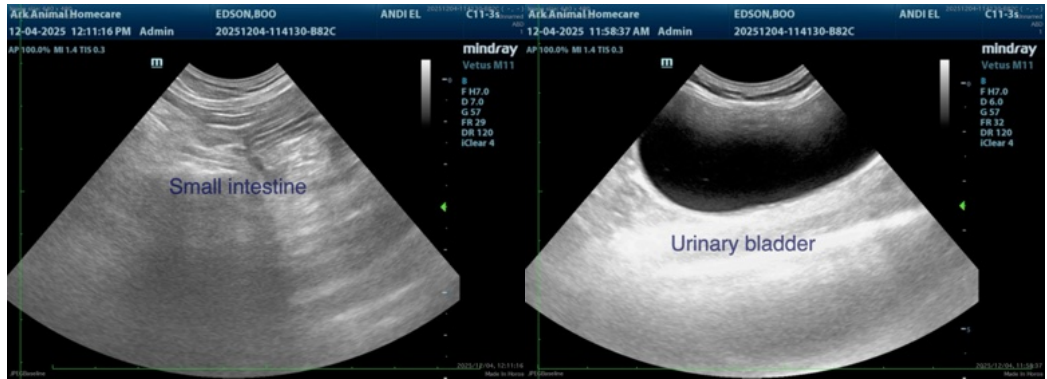
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com