



## PATIENT

Lucy Tarleton

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

16 years

## WEIGHT

5.69 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Wilkinson

## HOSPITAL NAME

Severna Park VH

## REFERRING VET

Dr. Wilkinson

## INVOICE

69357

## DATE

12/4/25

## PRESENTING CLINICAL SIGNS

History: Progressive weight loss despite normal appetite. Recurrent UTI's (4 in 12mo) - currently no urinary symptoms. Possible dilation noted in renal pelvis during POCUS on 10/17/25 which is not appreciated on today's scan. Hx of hyperT4 which is well managed with oral methimazole. UA 10/17/25: hematuria (20-30/hpf); rod bacteria 9-40/hpf; cystatin B WNL. senior BW 6/23/25: WNL

## 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 3.4 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is 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 0.6 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.

### *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.



## PATIENT

Lucy Tarleton

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

16 years

## WEIGHT

5.69 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Wilkinson

## HOSPITAL NAME

Severna Park VH

## REFERRING VET

Dr. Wilkinson

## INVOICE

69357

## DATE

12/4/25

## *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.

## ULTRASONOGRAPHIC FINDINGS

- Age related renal changes versus early chronic kidney disease.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the progressive weight loss.

Although the GI tract appears ultrasonographically normal, with the progressive weight loss with a good appetite, an underlying enteropathy such as dietary hypersensitivity, parasitic enteritis and inflammatory bowel disease should still be considered.

Further assessment would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be feeding a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation and if there is still not a satisfactory improvement then a course of Prednisolone should then be considered.



**PATIENT**

Lucy Tarleton

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

16 years

**WEIGHT**

5.69 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Wilkinson

**HOSPITAL NAME**

Severna Park VH

**REFERRING VET**

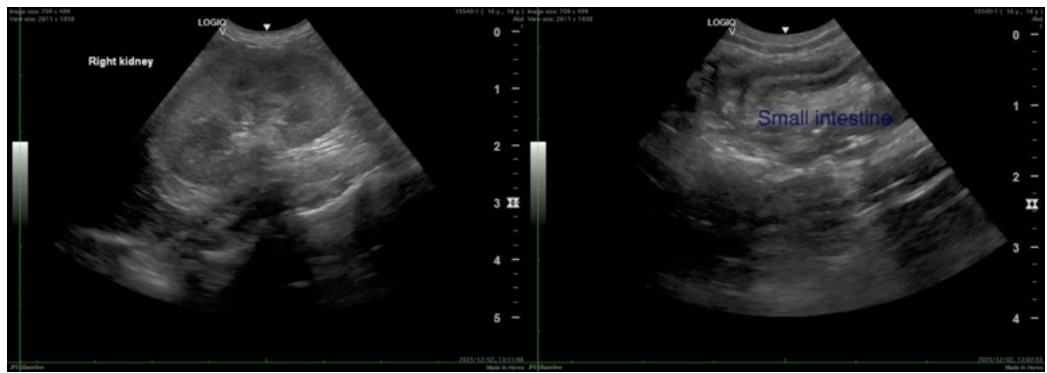
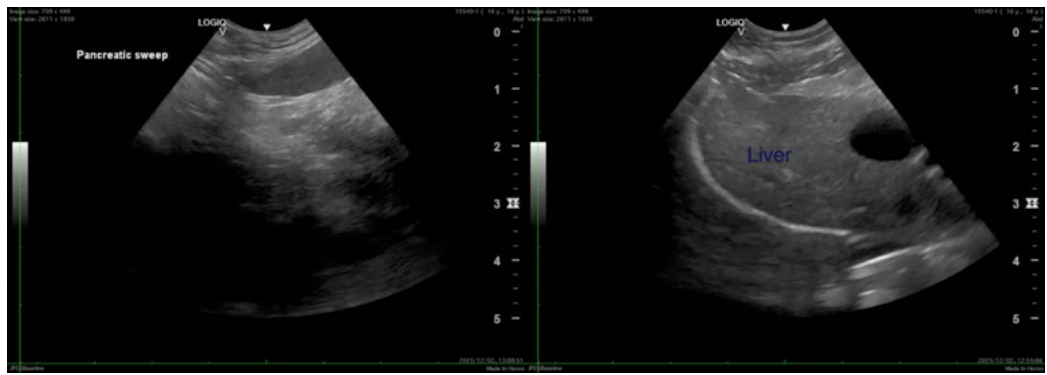
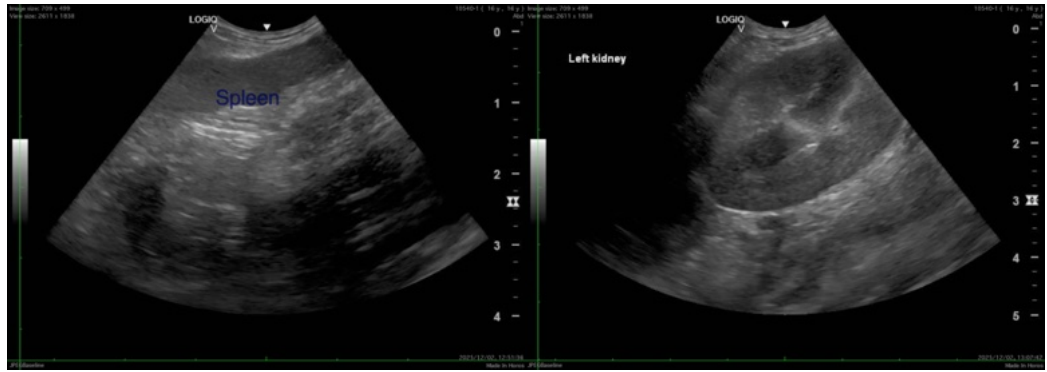
Dr. Wilkinson

**INVOICE**

69357

**DATE**

12/4/25





## PATIENT

Lucy Tarleton

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

16 years

## WEIGHT

5.69 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Wilkinson

## HOSPITAL NAME

Severna Park VH

## REFERRING VET

Dr. Wilkinson

## INVOICE

69357

## DATE

12/4/25

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)