



## PATIENT

Calvin Parker

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

7yr

## WEIGHT

8.6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melinda Persson

## HOSPITAL NAME

At Home Veterinary

## REFERRING VET

Melinda Persson

## INVOICE 23876

DATE  
02/13/2026

## PRESENTING CLINICAL SIGNS

- Stage four renal disease - renal disease initially diagnosed in December 2023
- Wanting to see if there are any other conditions contributing to his weight loss at this time
- Receiving subcutaneous fluids twice daily
- Also receiving Cerenia, Mirataz, Phosbind, amlodipine
- Abnormal PE/Chem/CBC/UA Results: From January 27: BUN 81, CR 5.6, SDMA 17.3, P 5.6

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Full urinary bladder 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.

Kidneys bilaterally small in size with increased echogenic appearance, loss of corticomedullary differentiation, pyelectasia (left worse than right with the left measuring 0.4 cm) and an irregular capsule. No infarcts, mineralization or renoliths evident.

The left kidney measured 2.5 cm in length.

The right kidney measured 2.7 cm in length.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature.

The left adrenal gland measured 0.46 cm in width.

The right adrenal gland measured 0.46 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 0.6 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

Small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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## Gastrointestinal

Normal appearance of the stomach, 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, up to 0.32 cm, with no loss of layering, but with segmental increase in the muscularis to mucosa ratio, normal peristaltic activity, and no distention of the lumen.

## Pancreas

Normal size and echogenic appearance. 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
- Enteropathy

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic kidney disease, and in line with the patient's history, although the pyelectasia is most likely associated with the renal changes, underlying low-grade pyelonephritis should still be considered. Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity, and inflammatory bowel disease.

Further assessment would be urine/ fecal analyses, urine culture, UPC (if not already done), cobalamin and folate assay, and possibly endoscopy of the upper GI tract with biopsies.

Further specific therapy would be dependent on an etiological diagnosis. Symptomatic management of the enteropathy would be ideally feeding a novel protein/ hypoallergenic diet, course of fenbendazole, and cobalamin supplementation. If there is not a satisfactory improvement in the weight, then a course of prednisolone could be considered. Additional therapy for the renal disease would be either an ACE inhibitor or receptor blocker.



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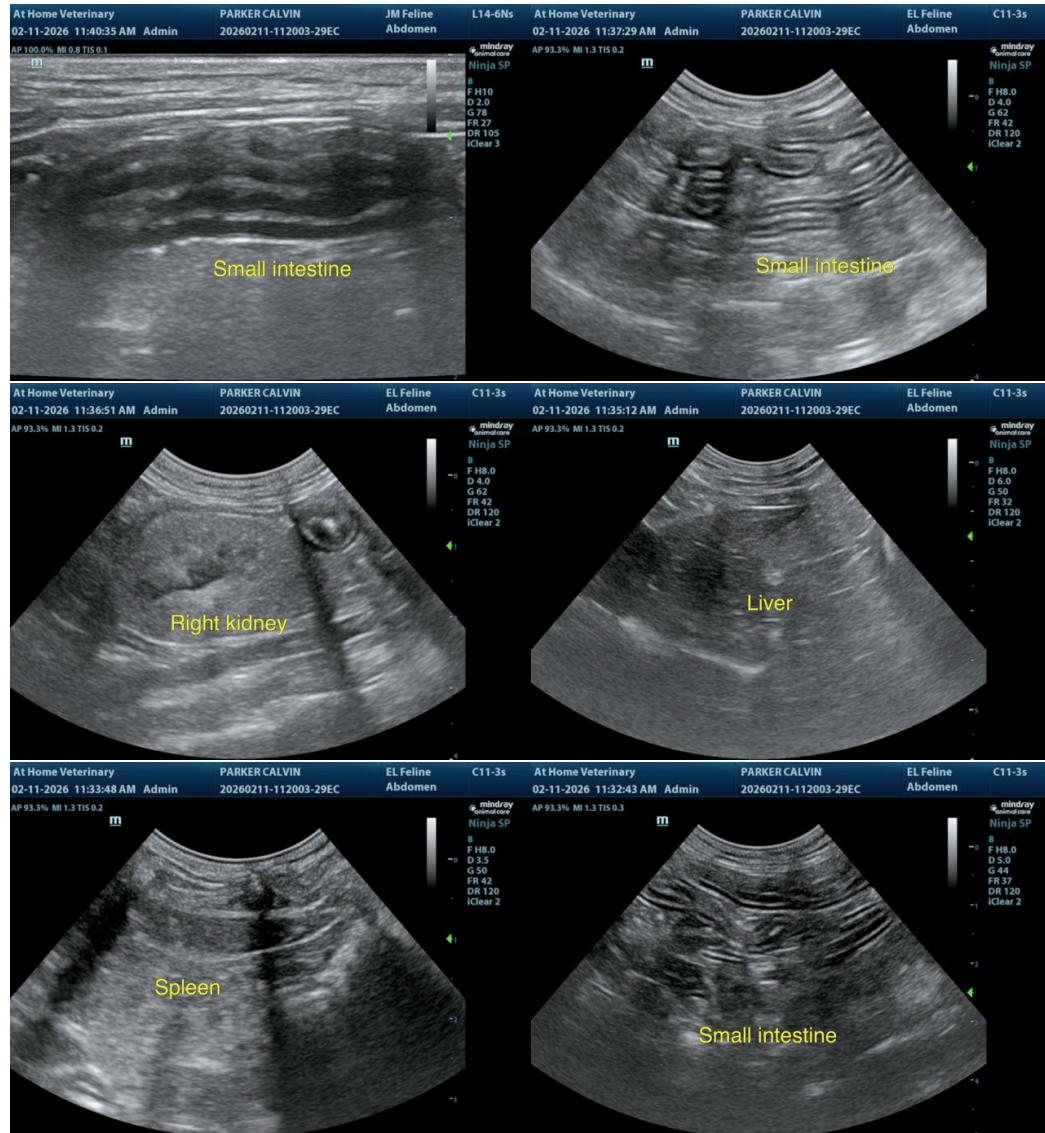
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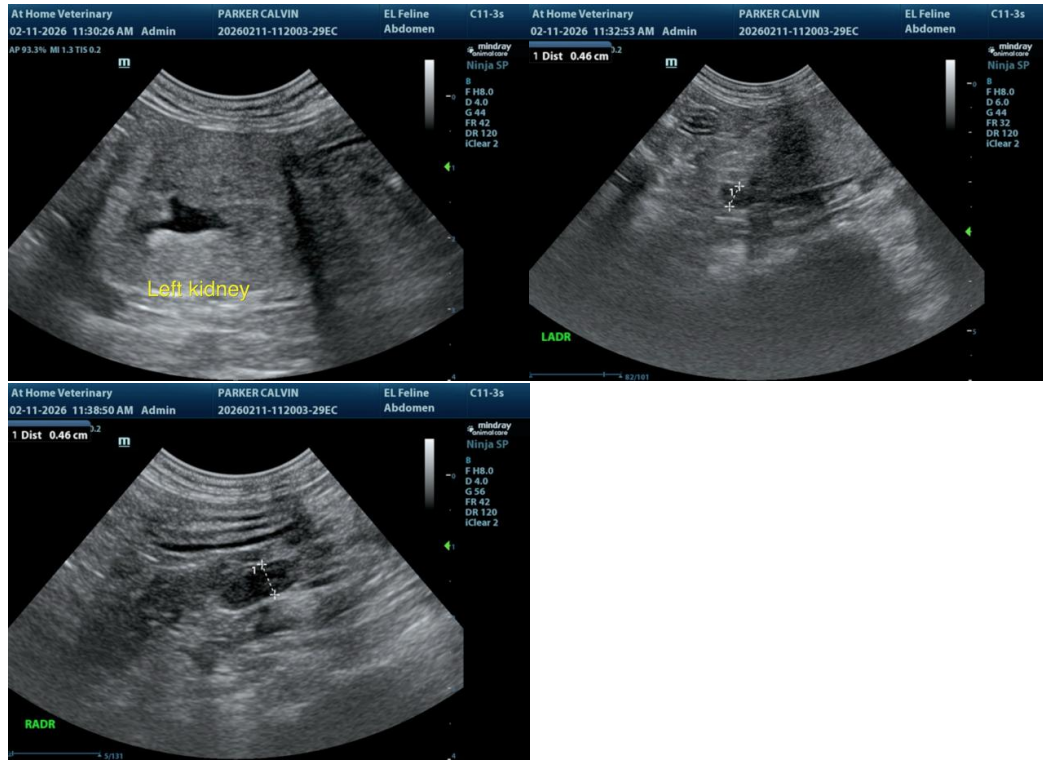
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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