



PATIENT

Kairi Pawlak

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

7yr

WEIGHT

10.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family
Veterinary Clinic

REFERRING VET

Dr. Hannah Mortensen

INVOICE

23881

DATE

02/13/2026

PRESENTING CLINICAL SIGNS

- Decreased defecation from Thursday to Saturday (normally may skip one day but had not defecated by Saturday)
- Decreased appetite over same timeframe (down to quarter to third of normal intake by end of week)
- Jaundice noticed Sunday morning behind ears
- ER visit Sunday morning, discharged Sunday afternoon
- Eating slurried wet food since Sunday afternoon, appears very hungry
- Still slightly yellow but overall improved Lethargic Sunday morning, energy returning Sitting in corners, less vocal than normal Urinating normally, drinking normally No vomiting
- Lives with second cat on different diet
- Abnormal PE/Chem/CBC/UA Results: Icteric 2/9 - CBC and comprehensive chemistry panel - T bili 8.6 (elevated), ALT 751 (elevated), alkaline phosphatase 94, CBC unremarkable except thrombocytosis 2/13 - CBC unremarkable except thrombocytosis T.Bili 3.0, ALT 631, ALKP 156

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing scant amount of floating hyperechogenic sediment with a normal thickness and smooth appearance of the wall.

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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

The left kidney measured 3.4 cm in length.

The right kidney measured 4.0 cm in length.

Adrenal Glands

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

The left adrenal gland measured 0.31 cm and 0.23 cm in width.

The right adrenal gland measured 0.28 cm and 0.27 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.

Liver



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Normal size, diffuse increased echogenic and coarse appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident.

Gallbladder

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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

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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 small intestine measured up to 0.33 cm in width.

Pancreas

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Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

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Normal mesenteric lymph nodes.

No ascites evident.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The most likely etiology for the hepatopathy would be acute cholangiohepatitis with neutrophilic/lymphocytic cholangitis and infiltrative neoplasia, less likely differential diagnoses. As there appears to be clinical improvement, further assessment (liver fine needle aspirate cytology and/or biopsy) is not indicated at this point in time.

Regular monitoring of liver enzyme activity as well as bilirubin would be recommended and if there is not complete resolution then further assessment would be indicated. Further specific therapy will be dependent on an etiological diagnosis.

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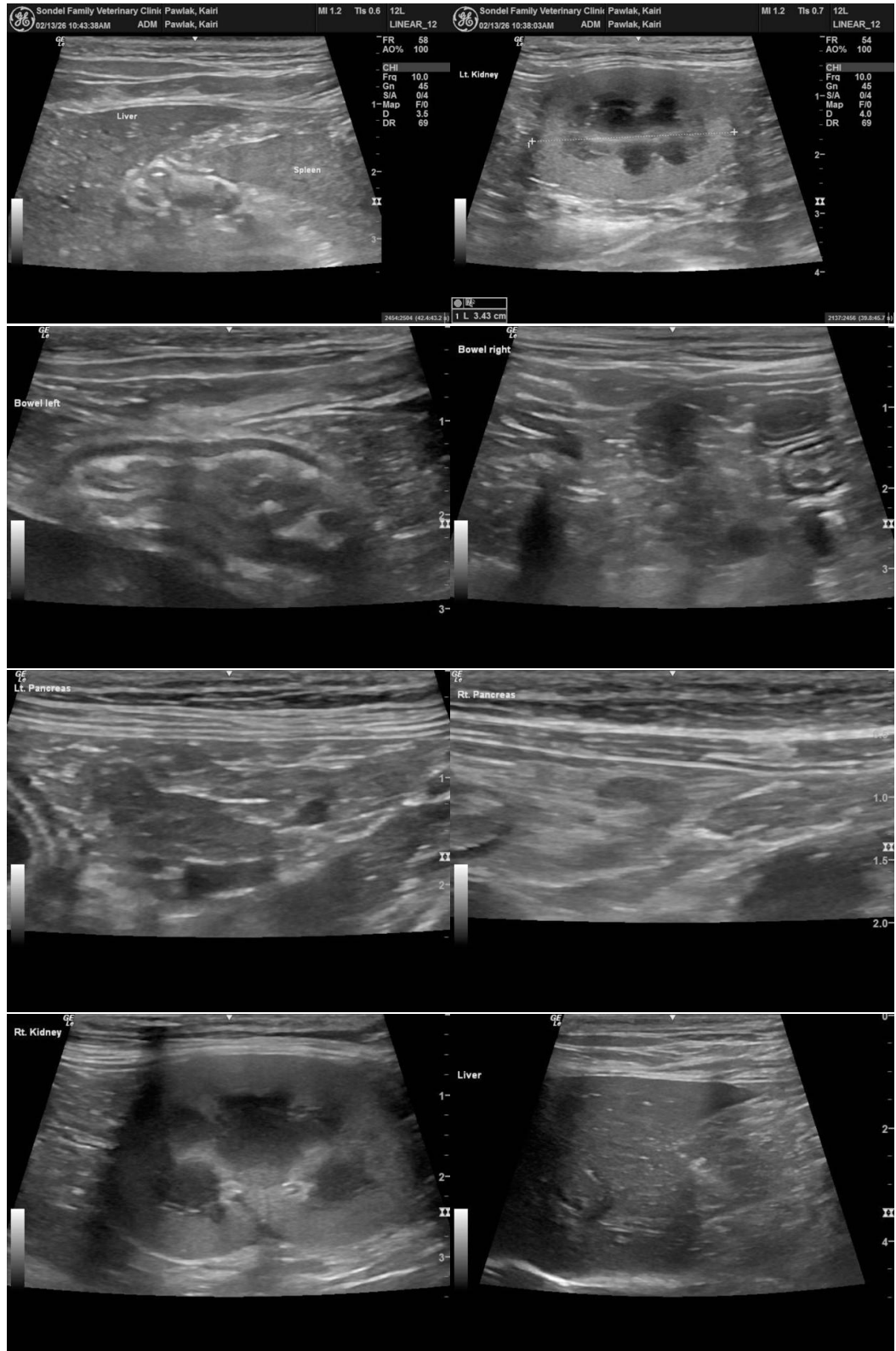
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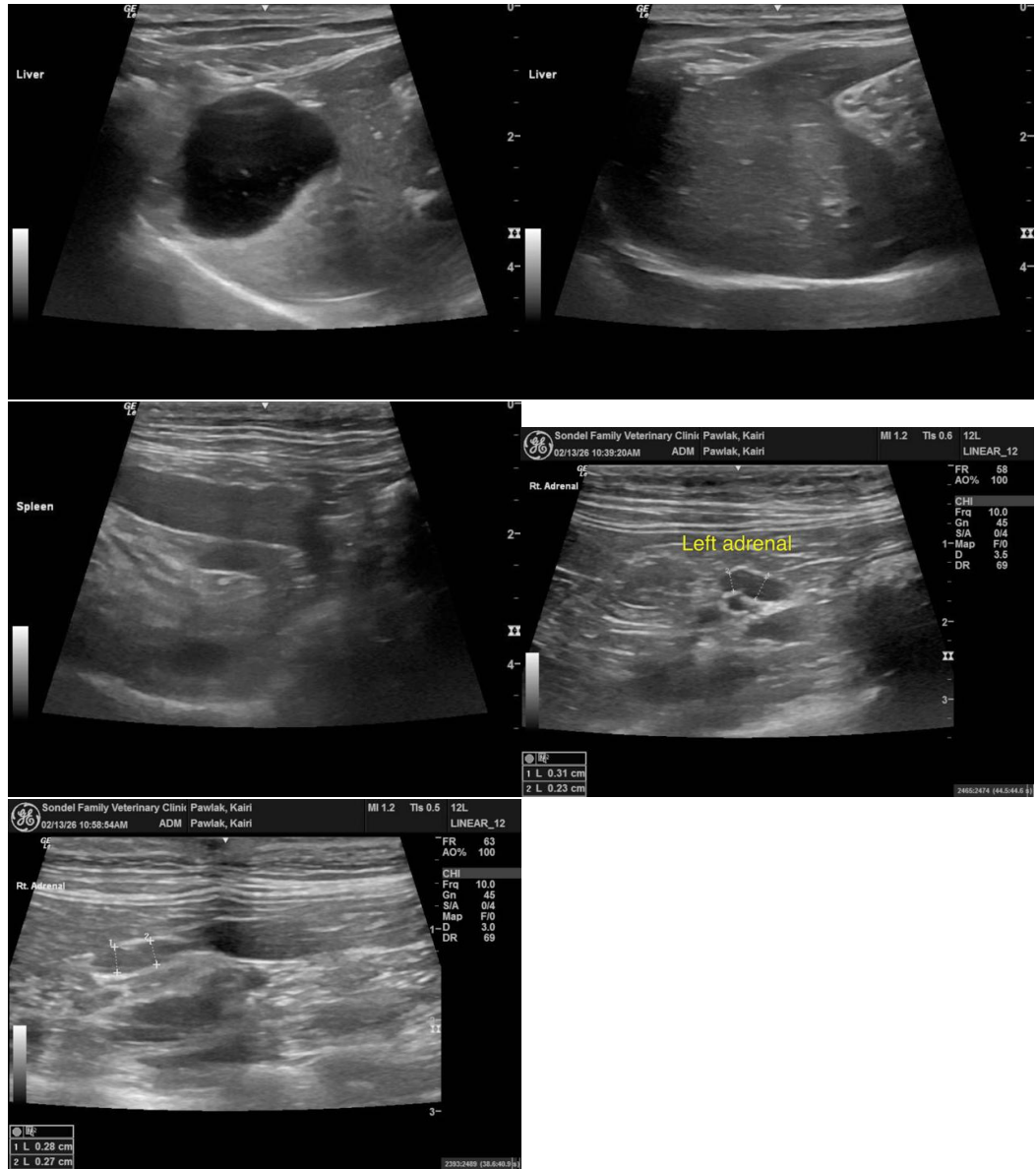
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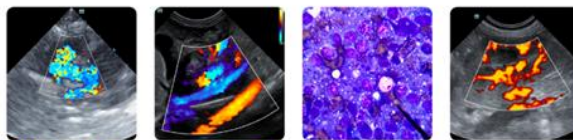


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com



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