



PATIENT

Huckleberry Johnson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

9.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meaghan Godwin

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Godwin

INVOICE

71633

DATE

2/17/26

PRESENTING CLINICAL SIGNS

- History of chronic large bowel diarrhea that started 2 weeks ago
- FIV positive
- Suspected feline atopic skin syndrome that responded well to revolution plus and purina HA
- Patient eating and drinking well at home. No weight loss reported
- Fecal float: 1/1/2026- all negative NOPs CBC/chem 10/T4/UA December 2025: All unremarkable other than mild elevation in eosinophils and basophils. Renal markers all normal and UA unremarkable. USG- 1.047

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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.

Bilaterally enlarged kidneys, left as a result of multiple cysts measuring up to 2.0 x 2.4 cm in size. The kidneys have a normal echogenic appearance, but show complete loss of cortico-medullary differentiation, normal pelvis, and an irregular capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 5.2 cm. The right kidney measured 5.4 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.43 cm in width. The right adrenal gland measured 0.45 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 0.8 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. Large, parenchymal cysts measuring 1.8 x 2.6 cm in the left lobe.



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Gallbladder

The gallbladder is small 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, 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 ingesta within the stomach and chyme present in the proximal small intestine, both compatible with a recent meal.

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

- Polycystic renal disease.
- Hepatic cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the presenting clinical signs.

Etiologies for the presenting clinical signs that can be considered would be idiopathic colitis, emerging granulomatous colitis, inflammatory bowel disease and dietary hypersensitivity.

The hepatic cysts can be considered an incidental finding and part of the polycystic disease complex.

Monitoring of renal function would be recommended as polycystic kidney disease or result in chronic kidney disease.



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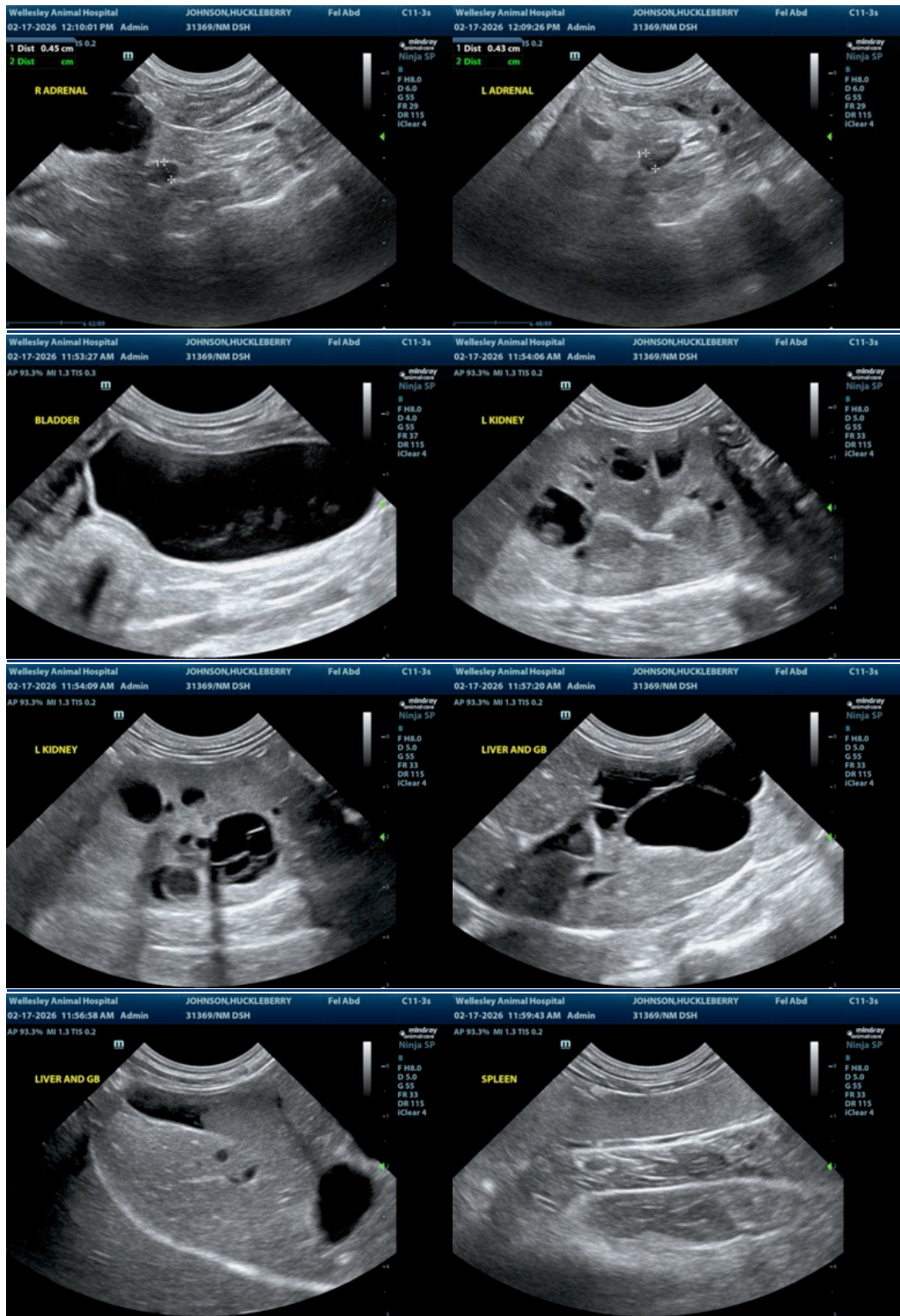
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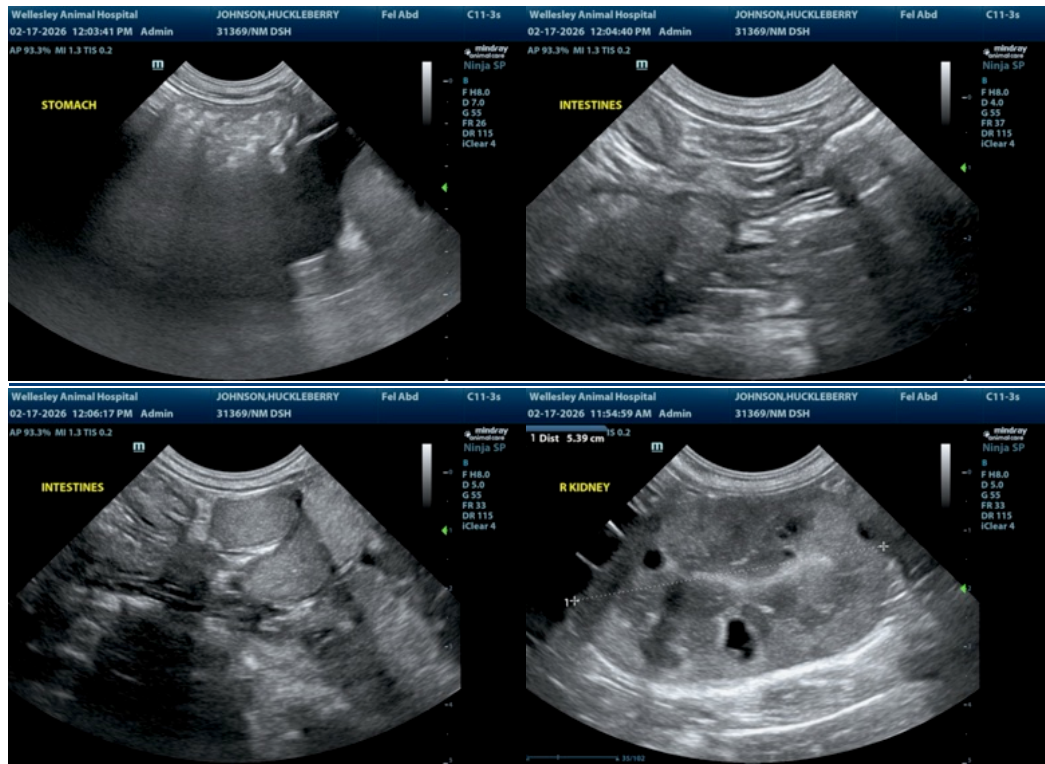
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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