

PATIENT

Mishu Rodriguez

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

13 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Kenilworth AH

REFERRING VET

Dr. Mansour

INVOICE

71171

DATE

2/3/26

PRESENTING CLINICAL SIGNS

- Increased globulin. Evaluate for infection vs inflammation vs FIP vs neoplasia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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 3.6 cm, right 4.8 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, pyelectasia (left worse than right, left measured 0.4 cm), and a regular curvilinear capsule. No infarcts or renoliths evident. Bilateral cortical mineralization is evident. A small incidental cyst is noted in the left kidney. Normal color flow pattern is evidence in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.07 cm in length x 0.36 cm and 0.28 cm in width. Right adrenal gland measured 1.2 cm in length x 0.41 cm in width.

Spleen

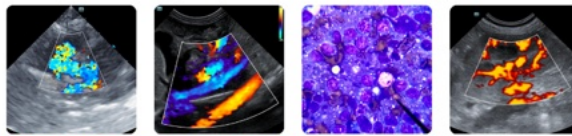
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.8 cm in width.

Liver

Normal size, echogenic appearance, prominent portal markings, and regular curvilinear capsule. A few, hyperechogenic, parenchymal nodules measuring up to 0.5 cm in size. No masses evident. Prominent appearance of the hepatic veins and normal portal vasculature.

Gallbladder

The gallbladder is full containing a small amount of non-adhered, hyperechogenic sediment. 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, 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. Focal thickening of a loop of small intestine (measuring up to 0.36 cm) but maintained normal echogenic appearance, normal muscularis to mucosa ratio and showing no loss of layering. The rest of the small intestine was normal. Fecal material is present in the colon.

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

- Focal small intestinal thickening.
- Age related renal changes versus early chronic kidney disease. Bilateral pyelectasia.
- Urinary bladder sediment.
- Gallbladder sediment.
- Hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the focal thickening of the small intestine may be an incidental finding, emerging neoplasia or granulomatous should still be considered.

Although the pyelectasia is most likely associated with the chronic kidney changes, underlying, low-grade pyelonephritis needs to be considered.

Etiologies for the urinary bladder sediment would be incidental debris, crystalluria, hematuria and possibly bacterial cystitis.

The appearance of the liver is indicative of a previous episode of cholangiohepatitis.

Although the dilated hepatic veins may be an incidental finding, cardiac disease and intrathoracic pathology should still be considered.

The gallbladder sediment is most likely an incidental finding.

Further assessment would be urinalysis, possibly urine culture, survey thoracic radiographs and possibly echocardiography.



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Specific therapy would be dependent on an etiological diagnosis.

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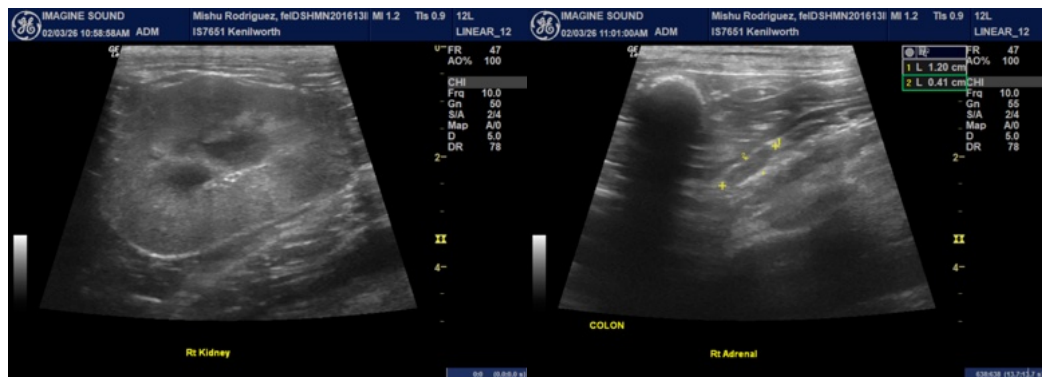
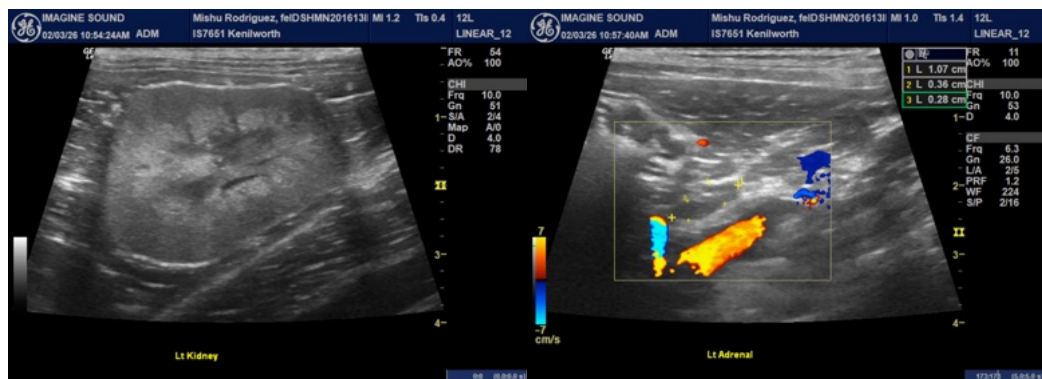
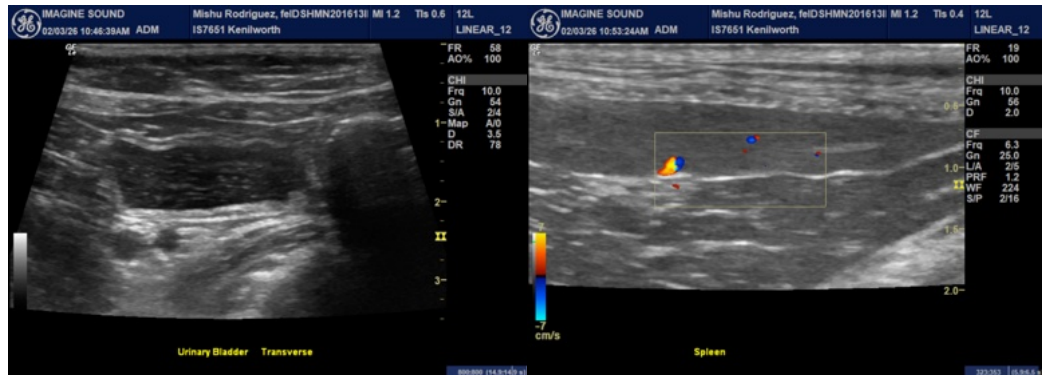
Dr. Mansour

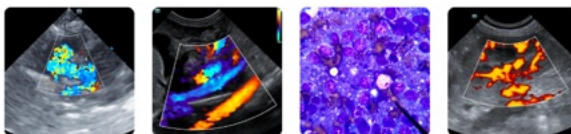
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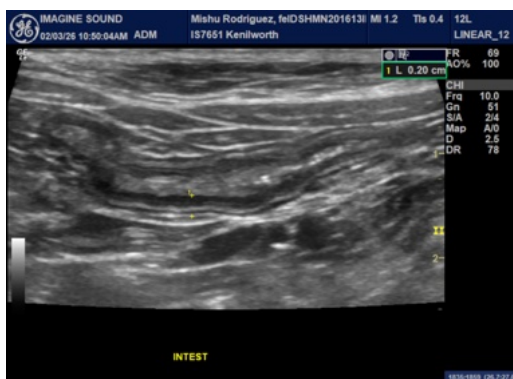
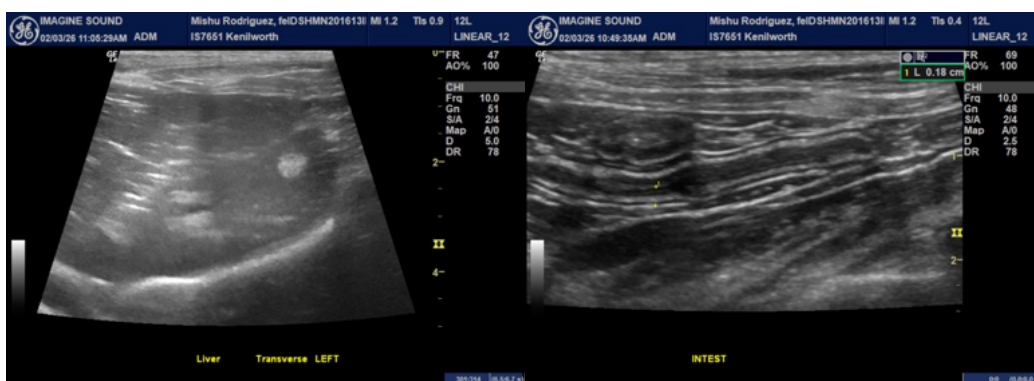
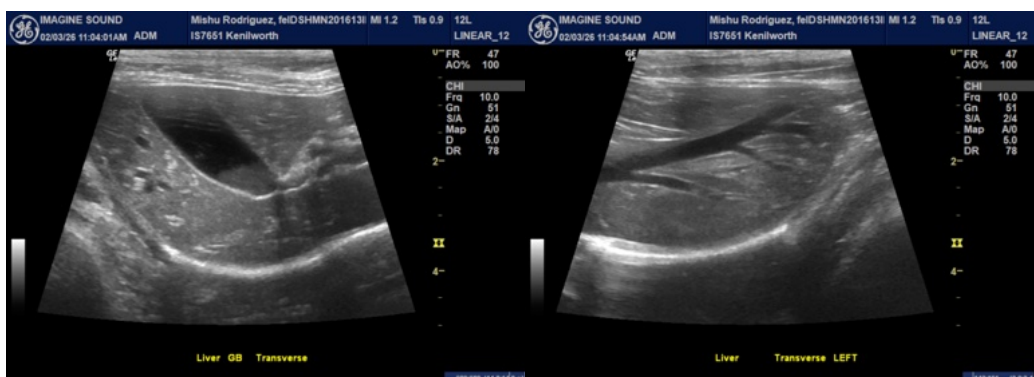
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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