



## PATIENT

Scout Seylaz

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

15 years

## WEIGHT

12.9 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Ammeraal

## HOSPITAL NAME

Sova AH

## REFERRING VET

Dr. Ammeraal

## INVOICE

71201

## DATE

2/3/26

## PRESENTING CLINICAL SIGNS

- Presenting for decreased appetite, polydipsic and losing weight.
- Exam- Normal AST 158 U/L ,ALT 409 U/L, ALKP 132 U/L WBC 24,000, Neut: 14,400/uL, Monocytes 1200/uL Eosinophils 1200/uL T4 1.9 ug/dL UA: Cysto, Protein Trace , Blood 1+ WBC 21-50 hpf , Bacteria rods 26-50

## 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.

Enlarged left kidney measuring 5.8 cm and normal right renal size measuring 4.2 cm. Both kidneys have normal architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.23 cm in length x 0.53 cm and 0.52 cm in width. The right adrenal gland measured 1.0 cm in length x 0.55 cm and 0.38 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 1.0 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 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, 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

- Enlarged left kidney.

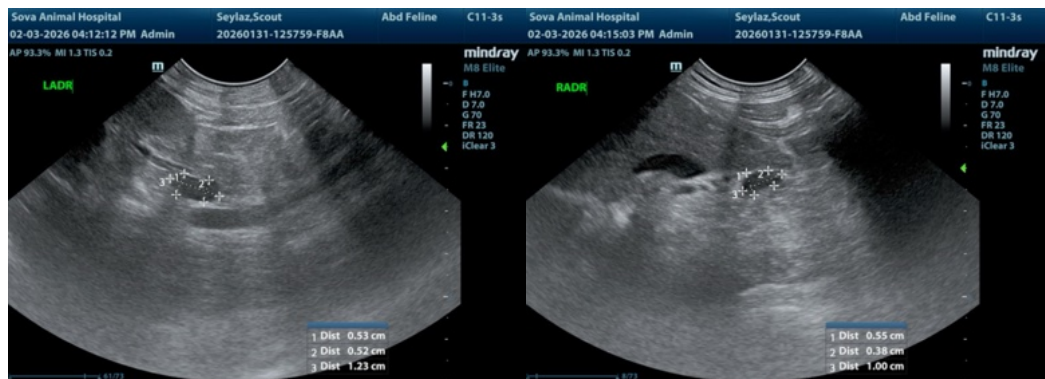
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the enlarged left kidney may be an incidental finding, bacterial nephritis and acute kidney injury should still be considered.

Although the liver appears ultrasonographically normal, with the elevated liver enzyme activity an underlying hepatopathy such as reactive hyperplasia, vacuolar and metabolic should still be considered. Hepatitis and infiltrative neoplasia would be highly unlikely differential diagnosis.

Further assessment would be urine culture and FNA cytology of the liver.

Specific therapy would be dependent on an etiological diagnosis.





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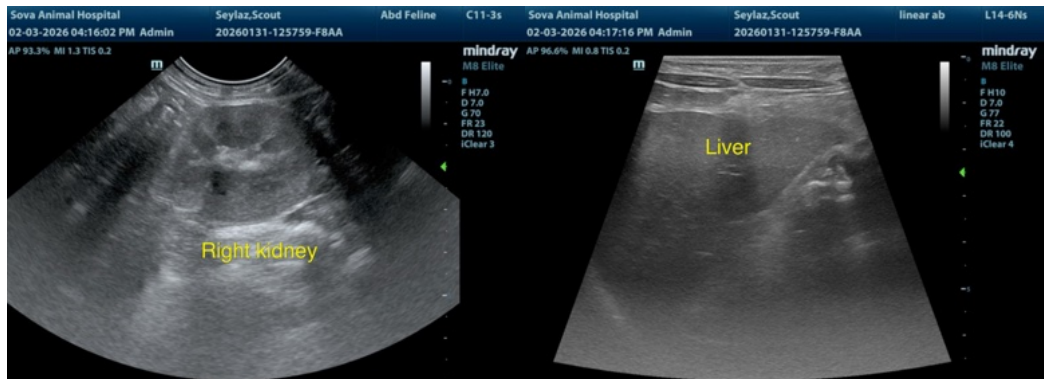
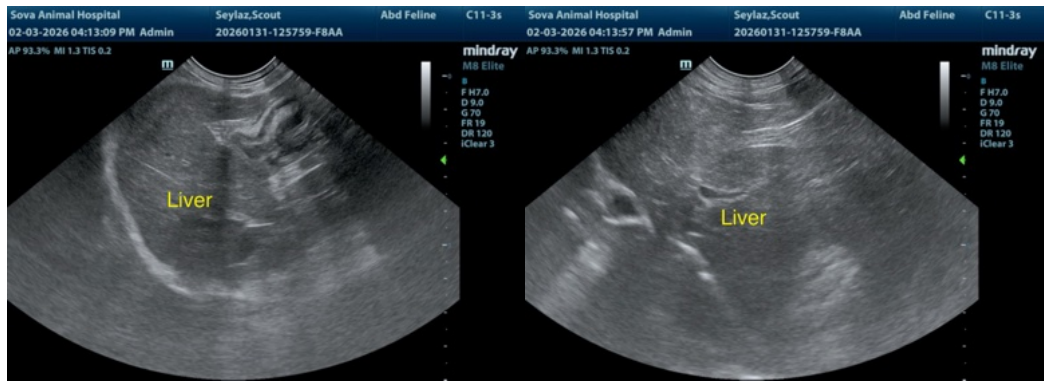
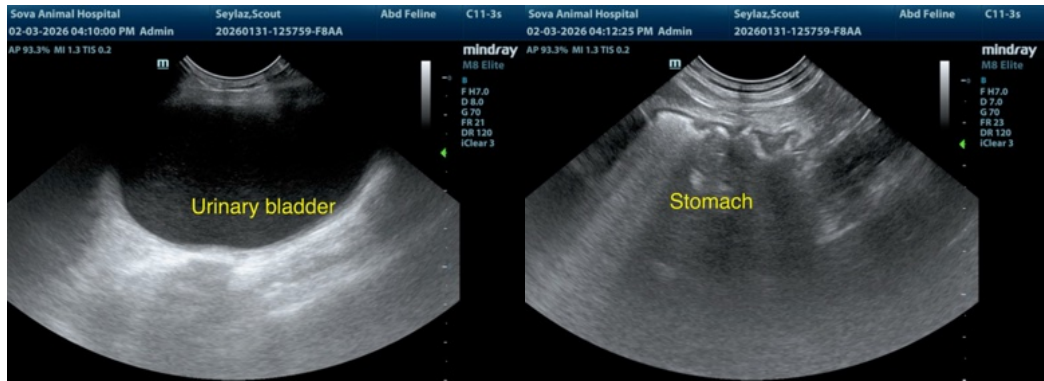
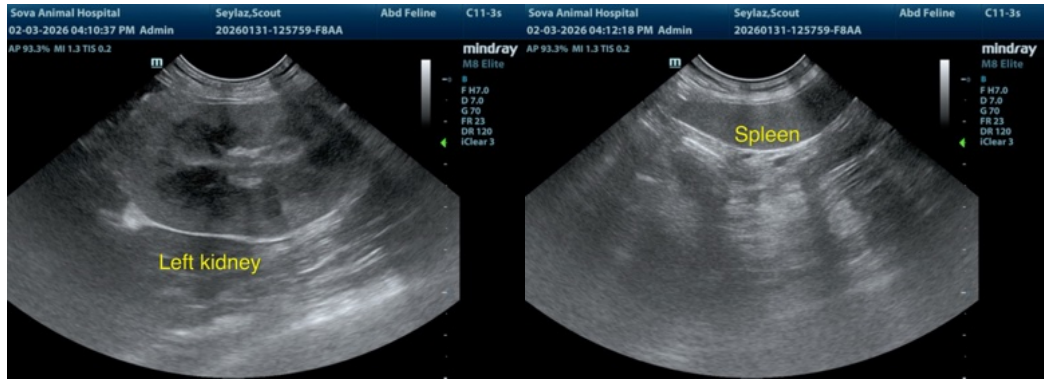
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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