



PATIENT

Scouty Kalk

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

19 years

WEIGHT

5.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT-NH Veterinary
Clinic

REFERRING VET

Dr. McNamara

INVOICE

71376

DATE

2/9/26

PRESENTING CLINICAL SIGNS

- Scouty 19 yo FS DSH was diagnosed with stage 2 CKD w/ non regenerative anemia 6/2025, stage 3 1/2026, UTI diagnosed 1/2026
- Weight loss despite decent appetite (2# in 6 months, o feels weight loss was acute)
- Amoxicillin BID x 4 weeks, vitamin B12 injections
- 1/2026: CBC - anemia (non-regenerative HCT = 20%) with neutrophilia 20.86 (2.30 - 10.29 K/ μ L), lymphopenia 0.75 (0.92 - 6.88 K/ μ L). Chem panel - hyperglobulinemia 6.4 (2.8 - 5.1 g/dL), azotemia - creat 3.5 (0.8 - 2.4 mg/dL), BUN 77 (16 - 36 mg/dL) and SDMA elevation 30 (0 - 14 μ g/dL), lytes & T4 normal. Amylase is also elevated. Re-check renal panel
- 2/2026 since UTI treatment mostly unchanged. Urinalysis 1/12/26 had marked pyuria (WBC > 50/hpf) w/ USG of 1.015, rods present (free catch sample), gradual improvement w/ most recent U/A 2/4/26 WBC 6/hpf and RBC 14/hpf, no LUTD signs noted In addition to progression of CRF / UTI / possible pyelo r/o includes enteropathy, neoplasia high on dfdx list, severe IBD also considered, inflammatory dz like dry FIP as well. (ALB/GLOB ratio 0.4).

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.

Normal renal size (left measured 3.2 cm, right measured 3.1 cm), increased echogenic appearance, loss of cortico-medullary differentiation, pyelectasia (right worse than left) and an irregular capsule. No infarcts, mineralization or renoliths evident. A few, small cortical cysts are present in the left kidney measuring up to 0.6 cm in size.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.16 cm in length x 0.33 cm and 0.38 cm in width. The right adrenal gland measured 0.76 cm in length x 0.26 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. Patchy, parenchymal mineralization is present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.8 cm in width.



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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.

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 is present in the stomach 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

- Renal disease.
- Splenic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic kidney disease in line with the patient's history.

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

The splenic mineralization can be considered an incidental, age related finding.

Further assessment (if not already done) would be urine culture, UPC (if culture is negative) and blood pressure.



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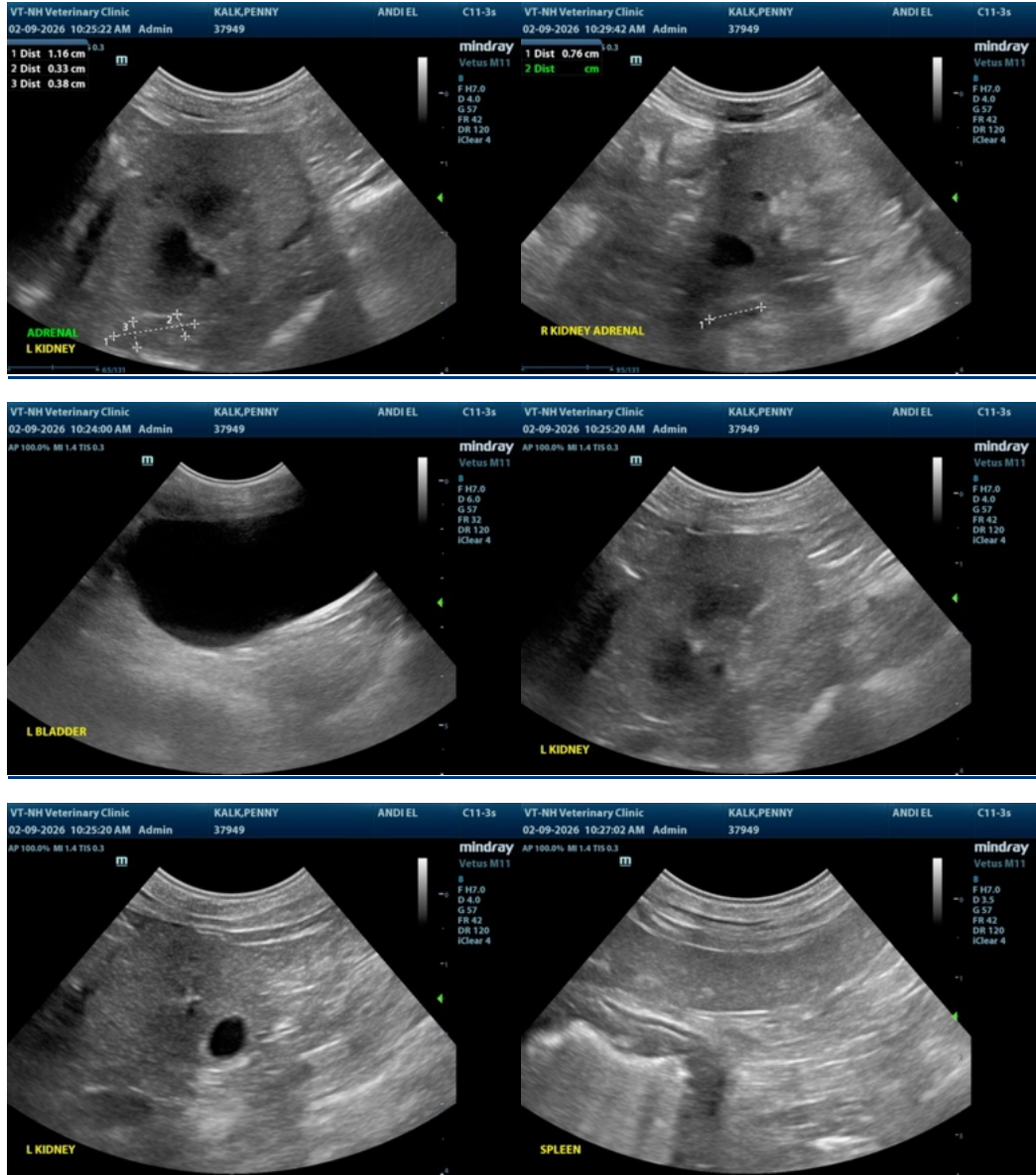
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Management of the renal disease (if not already done) would be feeding a renal diet, enteric phosphate binders as needed and either an ace inhibitor or receptor blocker.





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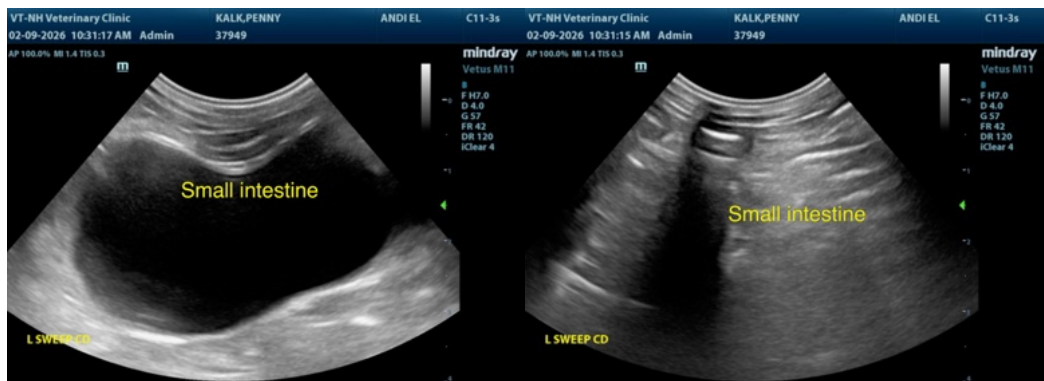
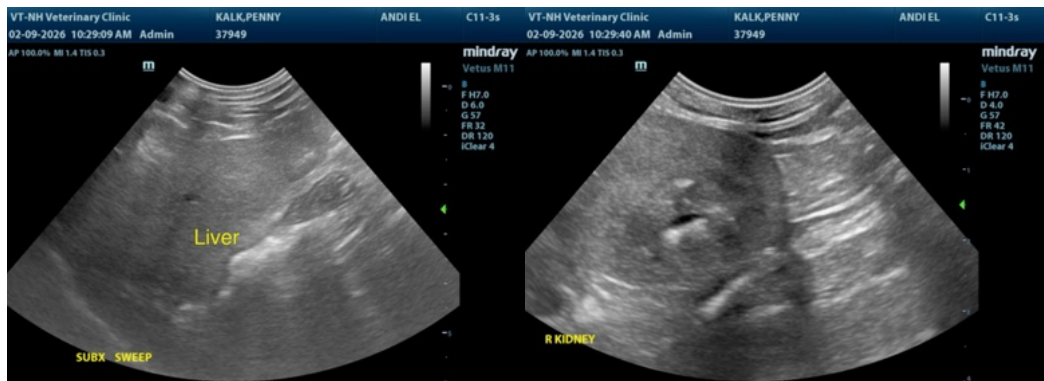
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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