



PATIENT

Sweetie Jones

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

18 Years

WEIGHT

4.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Animal Hospital of
Sullivan County

REFERRING VET

Dr. Bodolosky

INVOICE

73616

DATE

3/10/26

PRESENTING CLINICAL SIGNS

Recheck AUS Prior findings: Strong concern for infiltrative splenohepatic disease. Normal GI with some cecal dilation. Age related renal changes, some level of prerenal disease is likely playing a role. Otherwise, geriatric abdomen. Currently jaundiced. Current meds: Clavamox, Metronidazole, Ursodiol

Abnormal PE/Chem/CBC/UA Results: ALT 618 (doubled in last week) ALKP 401 GGT 32

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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, with increased echogenic appearance, some loss of cortico-medullary differentiation, left-sided pyelectasia, and normal right pelvis and capsule. No infarcts, mineralization or renoliths evident. The kidneys measure 3.4 cm each with a normal color flow pattern evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.28 cm in width. Right measures 0.40 cm in width.

Spleen

Normal size (0.70 cm in width) 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

Enlarged with rounded edges, a diffuse increased echogenic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Small containing normal anechoic bile. Thickened and hyperechogenic 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. Large amount of chyme present within the small intestine.



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Pancreas

Not clearly visualized, but visualized sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

Scant amount of ascites present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Age related renal changes versus early chronic kidney disease.
- Previous cholecystitis.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be cholangiohepatitis complex, neutrophilic/lymphocytic cholangitis, lipidosis, and infiltrative neoplasia.

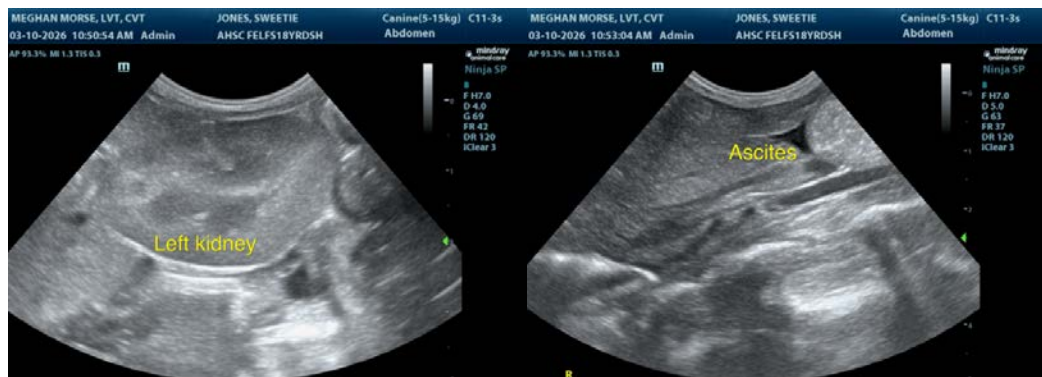
Although the left-sided pyelectasia is most likely associated with the chronic renal changes, underlying low-grade pyelonephritis should still be considered.

The ascites can be ascribed as secondary to the hepatopathy.

Further assessment would be urinalysis, possibly urine culture, and FNA cytology of the liver. A tru-cut or wedge biopsy of the liver may however be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be to continue with the current therapy but ensuring adequate nutritional support.





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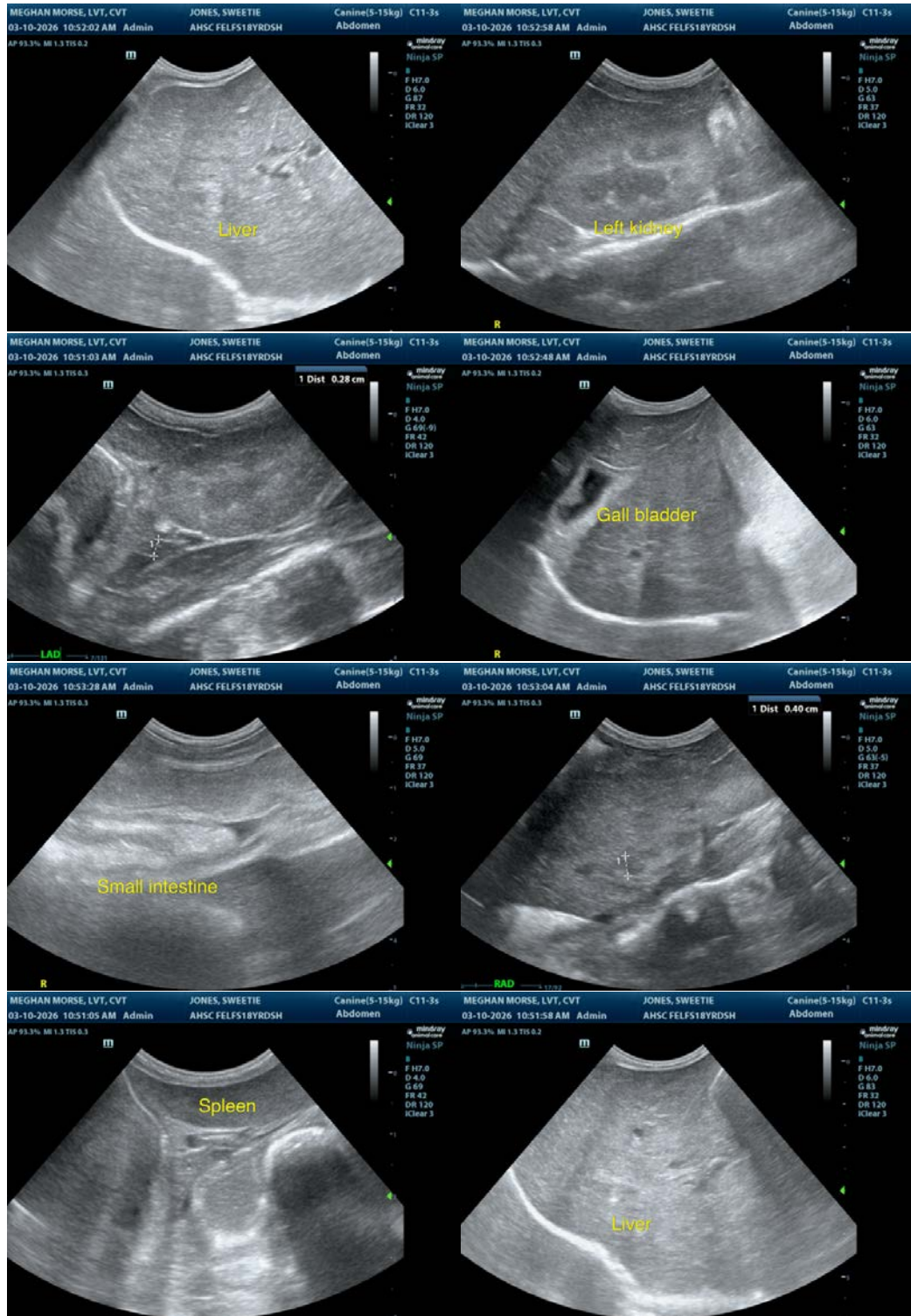
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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