



PATIENT

Jimmy Kubiak

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

16 years

WEIGHT

18.9 lbs

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Reason for referral: Not eating well, lethargic, passing hard stool for the past three weeks, and vomiting. Also, elevated kidney values.
- CLINICAL SIGNS: Jimmy, with a history of Stage 2 CKD, previously treated diabetes, and severe arthritis, has a recent marked decrease in appetite, eating very little. The owner initially suspected constipation. An X-ray revealed a possible mass concerning the RDVM. He lost 0.4 lbs in a few days (19.2 to 18.8 lbs). The owner reports a general slowdown, worsening recently. He has non-bloody vomit, one episode possibly due to straining during a litter box visit, and has shown signs of nausea. Jimmy was diabetic for about 4 years before a temporary remission.
- CURRENT MEDICATIONS/DIET - Diet: A mixture of Weruva (low phosphorus), organic ground chicken with EasyComplete, and sometimes Fancy Feast. Currently getting whatever he will eat, which is at most a tablespoon at a time.
- - LRS: 100 mL SQ BID (increased from SID a few days ago. Cerenia: As needed. Solensia once a month. - Lantus: 1.5 units. O checks his BG at home. - Pepcid AC: tried for a short time, but saw no change.
- - For stool softening: O makes a slurry of slippery elm and adds pumpkin
- Bloodwork done 3/4/26: Chl114 (115-126) mmol/L LOW Creat 2.8 (0.6-2) mg/dL HIGH Glu185.2 (70-160) mg/dL HIGH BUN 68.6 (10-35) mg/dL HIGH TP 7.9 (6-7.8) g/dL HIGH RDW 15 (17-22) % LOW Neu 84 (35-75) % HIGH Lym 8.9 (20-55) % LOW Lym 0.5 (1.1-10.7) 10³uL LOW Mono 0.2 (0.5-0.8) 10³uL LOW Eos 0.19 (0.9-2.3) 10³uL LOW Total T4: 2.43 mcg/dL (gray zone).

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Morgan

INVOICE

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DATE

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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 3.6 cm, right measured 4.6 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule. Normal left pelvis, mild right-sided pyelectasia. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

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 0.53 cm in width.



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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 0.9 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. A large cyst is noted in the left lobe measuring 2.6 x 4.0 cm in size. Multiple, irregular, mottled echogenic cystic like masses measuring up to 2.7 x 2.8 cm in size. No nodules evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full 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.

Pancreas

The pancreas was enlarged (left pancreas measured 1.0 cm in width) with a hypoechogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

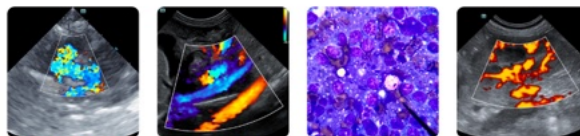
Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.



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ULTRASONOGRAPHIC FINDINGS

- Renal disease.
- Pancreatitis.
- Hepatic masses and hepatic cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

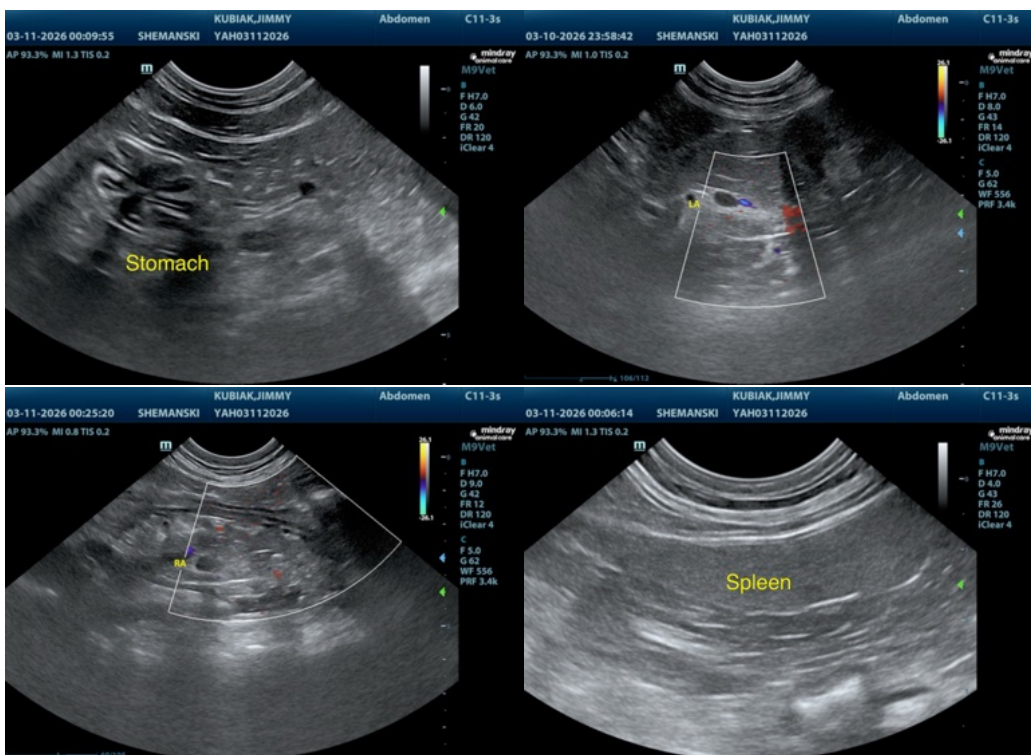
Although the right sided pyelectasia is most likely associated with the chronic renal changes, underlying low-grade pyelonephritis should be considered.

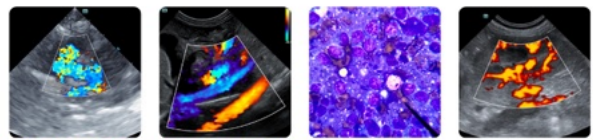
The appearance of the pancreas would be consistent with chronic active pancreatitis.

Although the cystic hepatic masses are most likely incidental, benign cystadenomas, primary hepatic cellular carcinoma should be considered. The hepatic cysts can be considered an incidental finding.

Further assessment would be urinalysis, urine culture, FPL/PSL assay and FNA cytology of the cystic masses.

Further specific therapy would be dependent on an etiological diagnosis. Management of the pancreatitis would be feeding small frequent meals of a low fat intestinal type diet, antiemetics and analgesics.





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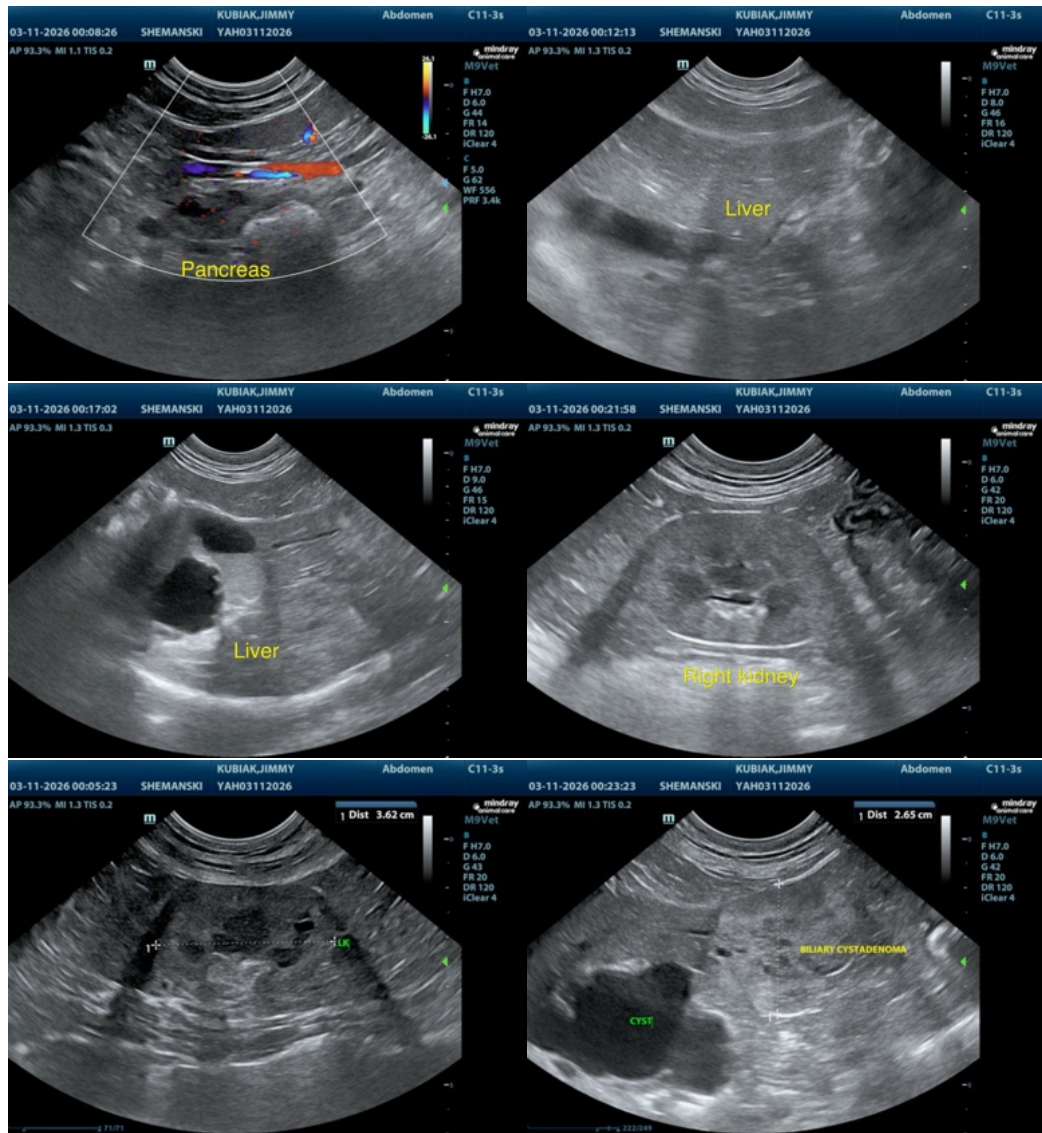
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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