

PATIENT

Princesa Montalvo

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

7 years

WEIGHT

8.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julissa Diaz, LVT

HOSPITAL NAME

Centro Veterinario del
Norte

REFERRING VET

Dr. Gabriela Cidre

INVOICE

73475

DATE

3/12/26

PRESENTING CLINICAL SIGNS

- Patient presented on 2/19/2026 for evaluation of hematuria of approximately 2–3 days' duration. The patient has a history of asthma diagnosed two years prior. On physical examination, heart and lung auscultation were within normal limits, and abdominal palpation was unremarkable. A CBC and chemistry panel were performed and were within normal limits. Urinalysis revealed no sediment. Some bacteria seen. Radiographs showed bronchial changes consistent with possible bronchitis and possible constipation, but there was no evidence of radiopaque urinary calculi. The patient was treated with convenia injection, prednisolone SP at 0.5 mg/kg (BID for 3 days, then SID for 3 days, then every other day for three doses), and lactulose.
- The patient returned for recheck two weeks later and was still noted to have brown-tinged urine. At that time, a urine culture and sensitivity (MIC) and abdominal ultrasound were recommended. Antibiotic therapy was changed to Clavamox, and it was elected to hold off on further diagnostics for an additional two weeks to evaluate response to the new antibiotic. The patient presented again today with persistent hematuria. The plan is to wait a couple of days before submitting a urine sample for culture. Patient is otherwise normal at home. CBC performed today show mild thrombocytopenia, likely from clumping

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment was 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 measured 3.4 cm, right measured 3.7 cm), 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 0.41 cm in width. The right adrenal gland measured 0.3 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 0.9 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 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 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.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

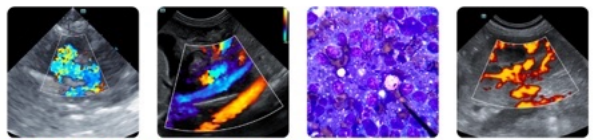
- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the presenting clinical signs.

Although the most likely etiology for the presenting clinical signs would be feline interstitial/idiopathic cystitis, low grade bacterial cystitis should still be considered.

Further assessment would be urine culture.



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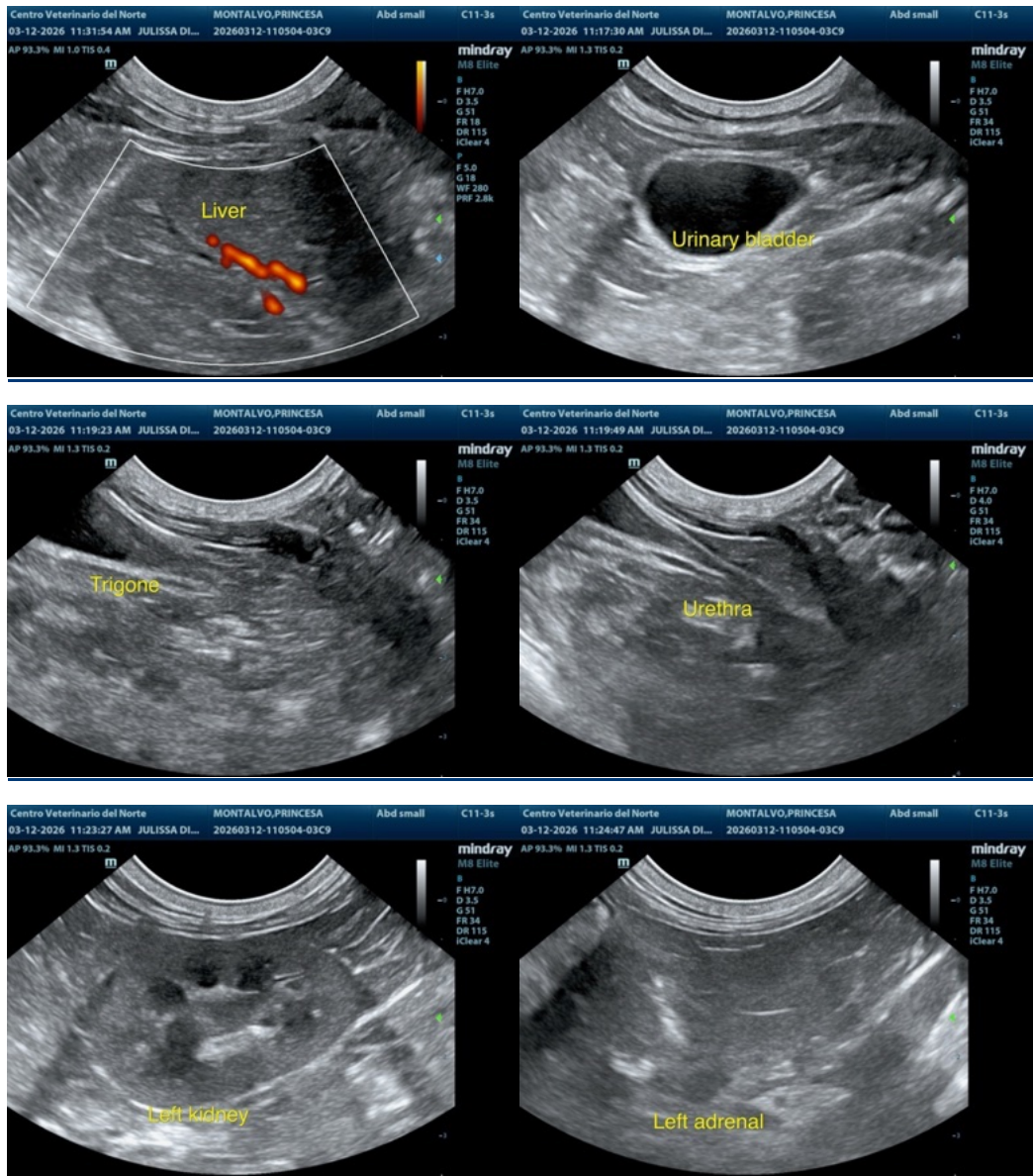
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Specific therapy would be dependent on an etiological diagnosis. Management of feline interstitial/idiopathic cystitis is feeding a urinary specific diet and environmental enrichment.



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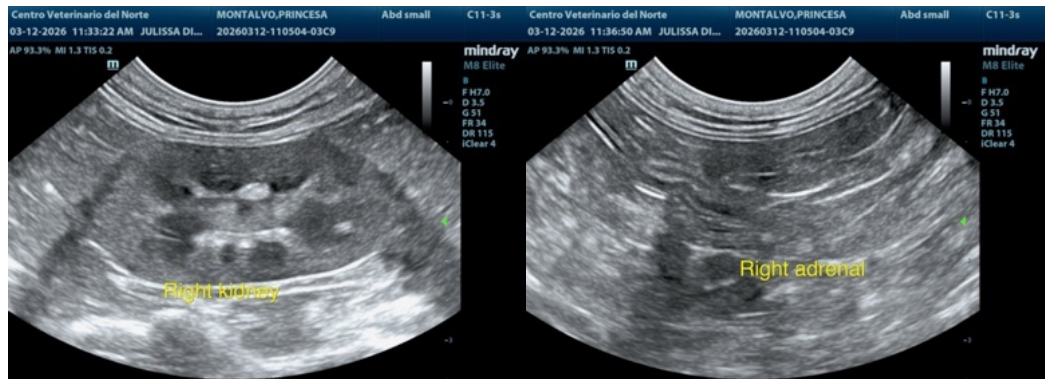
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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