



PATIENT

Nikita Lin

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

11.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. McCaughan

HOSPITAL NAME

Marina Village
Veterinary &
Integrative Care

REFERRING VET

Dr. McCaughan

INVOICE

73744

DATE

3/24/26

PRESENTING CLINICAL SIGNS

- Intermittent inappropriate urination on bed. Urine culture - not indicated after UA w/ reflex culture if. Overgrooming ventrum chronically. LS disease Receives intermittent Solensia.
- BP declined
- Trying to elucidate if inappropriate urination is pain, stress, itch, or other.... any thoughts would be helpful
- Patient was sedated w/ Torb 0.2 mg/kg and Alfaxalone (2 mg/kg) IM
- PE: wnl, overweight patient. Regular sinus rhythm. Labwork - Jan 2026: UA - USG 1028, sl low. Few WBCs, few RBCs, no crystals, no bacteria. UC not indicated. CBC - 12/2025 - o declined repeating today - mild eosinophilia. chemistry - renal tech positive (Antech); SDMA 14.5; all parameters wnl IVDD confirmed radiographically 2024 - LS junction.

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 3.7 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

The adrenal glands are not clearly visualized but appear to be of normal shape, echogenic appearance and size.

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. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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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. The small intestine measured up to 0.28 cm.

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

- 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. The most likely etiology for the presenting clinical signs would be feline interstitial/idiopathic cystitis. However, with the presence of lumbosacral disease, underlying low-grade pain would be an important differential diagnosis.

Initial management would be a course of NSAIDs and if there is not a satisfactory improvement, then management of the feline interstitial/idiopathic cystitis would be feeding a urinary specific diet and environmental enrichment.



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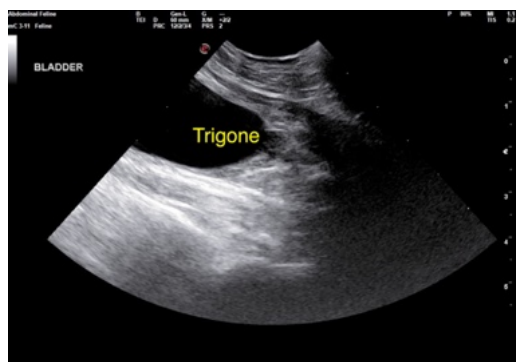
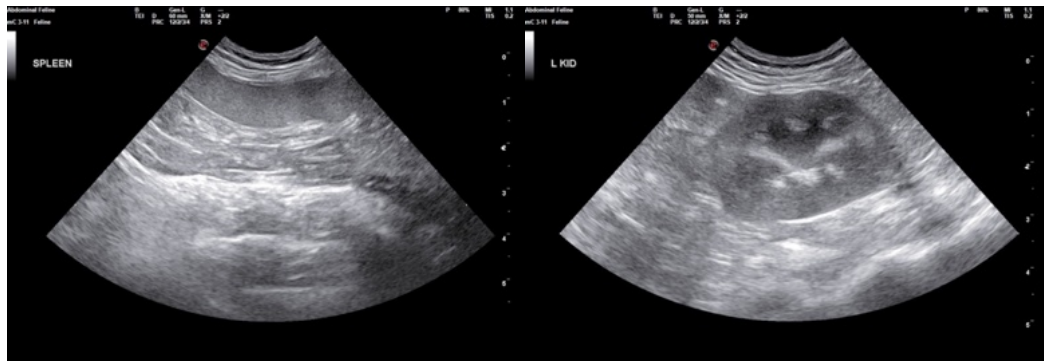
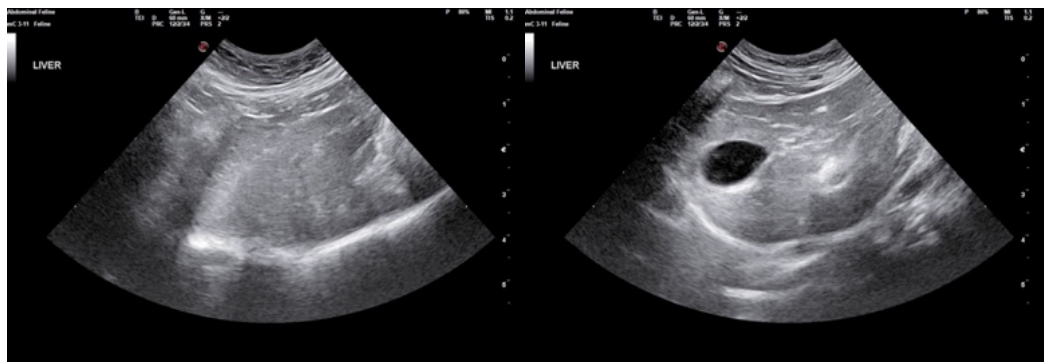
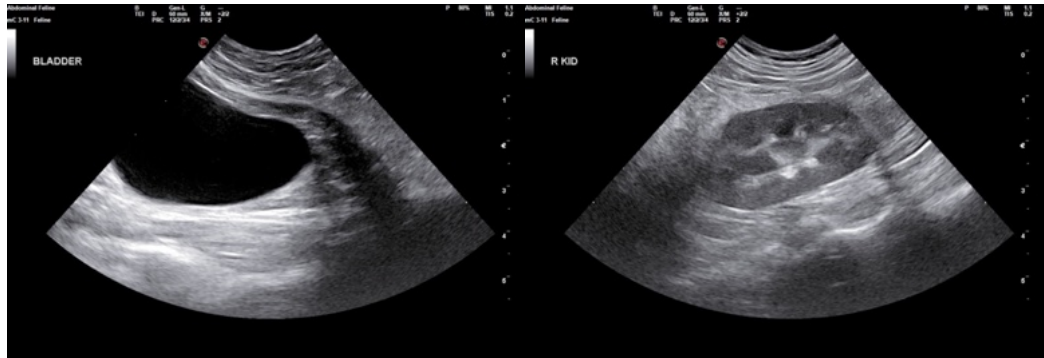
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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