



PATIENT

Suki Wevgandt

SPECIES

Feline

BREED

Siamese

SEX

Neutered male

AGE

14 years

WEIGHT

11 lbs

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. Stiner

INVOICE

73807

DATE

3/25/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: For yearly checkup. History of hyperthyroidism diagnosed in Feb 2022, hypertrophic cardiomyopathy diagnosed May 2023. Last scanned Jan 30, 2025 (Dr. Shemanski).
- Owner reports no change in exercise level. No coughing, wheezing, or heavy breathing. His weight fluctuates due to his hyperthyroidism, but it always comes back up. The current prednisone dose has resolved his diarrhea.
- A few weeks ago, Suki was seen at an emergency clinic for urinating all over the house. They assumed a UTI and administered Convenia but were unable to obtain a urine sample. He was also given an Onsiar injection despite being on prednisone. The owner had to monitor for GI ulceration. The inappropriate urination resolved after the Convenia injection.
- He was seen by his primary veterinarian recently. A urinalysis was performed and showed a rare rod; a culture is currently pending.
- MEDICATIONS: Methimazole 2.5 mg AM and 1.25 mg PM, Prednisone 2.5 mg in AM - IBD maintenance with Hills Z/D, *Gabapentin: 100 mg was given for the scan today.
- UTI evidenced in UA and positive culture

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 3.9 cm, right measured 4.0 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, bilateral mild pyelectasia and a regular curvilinear capsule. No infarcts, mineralization or renoliths evident. Mild, bilateral pinpoint mineralization is 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 0.39 cm in width. The right adrenal gland measured 0.41 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. A small amount of ingesta is present within 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys would be consistent with early chronic kidney disease.

Further assessment that can be considered would be UPC and blood pressure measurements.

Management would be to continue with the current therapy, changing from oral Prednisolone to oral Budesonide could be considered.



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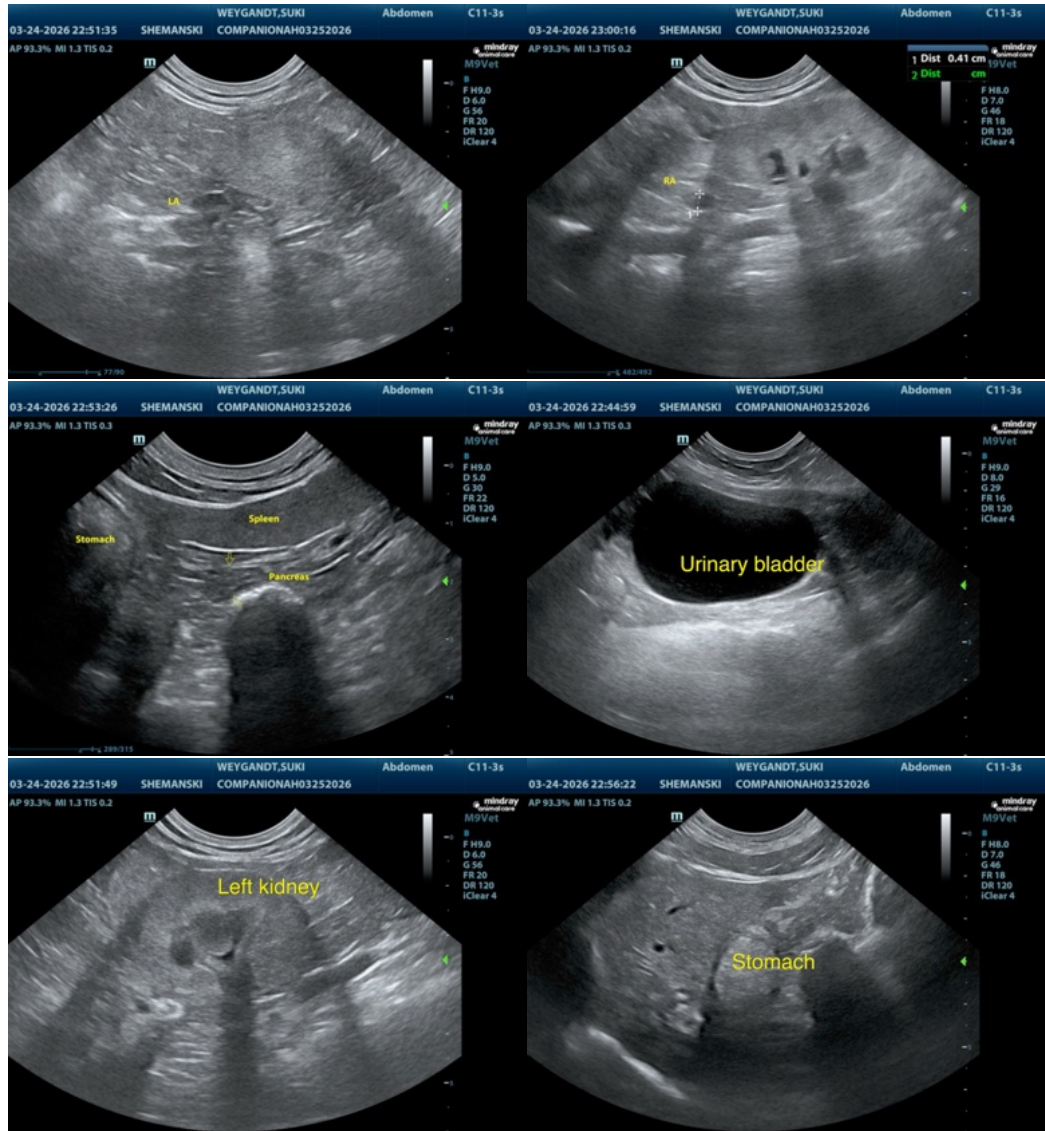
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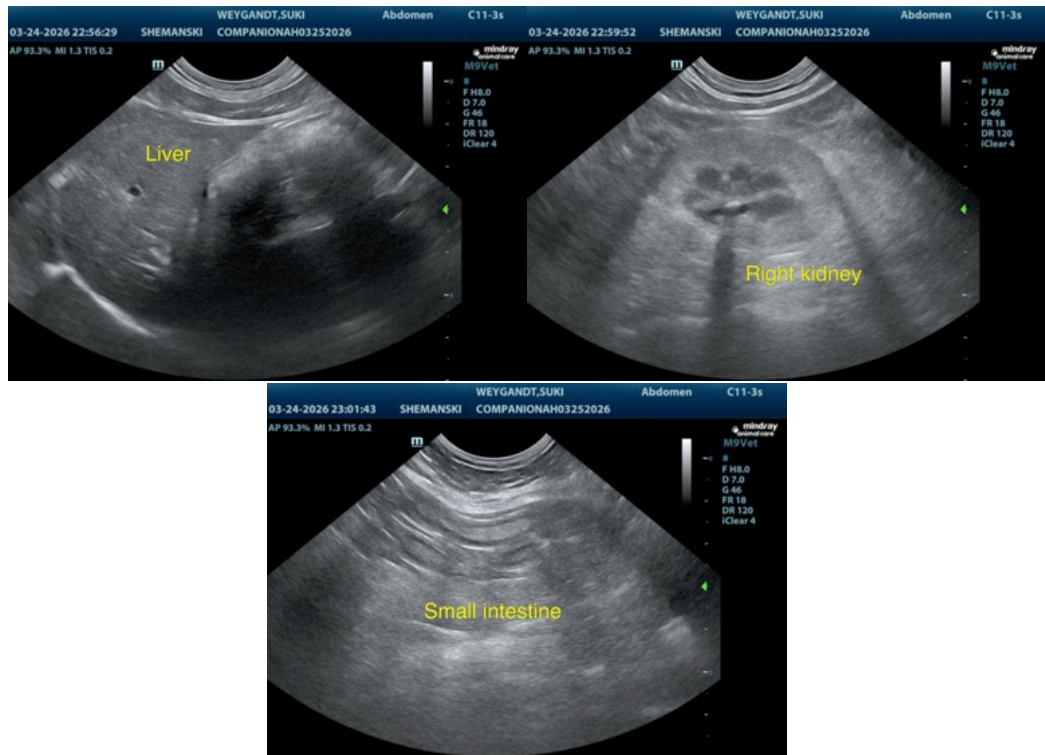
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com