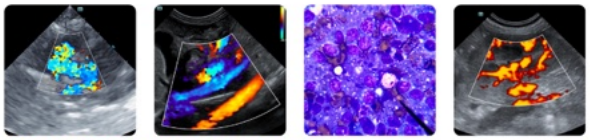


PATIENT

Edward Krug

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

10.13 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Vetererinay Service

REFERRING VET

Dr. Maritini

INVOICE

72271

DATE

3/5/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: - Weight loss despite a good appetite and normal T4. Free T4 by equilibrium dialysis is pending.
- History: - Hyperthyroidism and hypertrophic cardiomyopathy (HCM), both well-controlled. - Recent onset of weight loss. - Chronic kidney disease (CKD) Stage 2. - December 2025: Creatinine 2.3, Total T4 1.2, Fecal negative, Urine Specific Gravity 1.016.
- CLINICAL SIGNS: none, just weight loss
- MEDICATIONS:- Metronidazole 5 mg/mL: 0.75 mL BID. - Pimobendan 1.25 mg: 1 tab PO BID.
- Dec 4, 2025 Blood Chem: - CHLORIDE 112 114 - 126 mmol/L (Low) CBC: - MCV 36 38 - 53 fL (Low) - MCHC 36.2 29.1 - 35.7 g/dL (High) - PLATELET 503 100 - 440 K/uL (High) T4: - T4 1.2 0.8 - 4.7 ug/dL

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 4.1 cm, right measured 3.7 cm), maintaining normal echogenic appearance, but with decreased cortico-medullary differentiation, normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

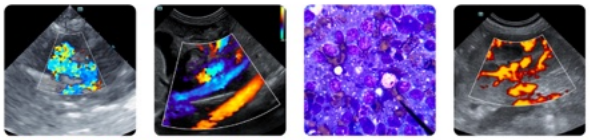
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.48 cm in width. The right adrenal gland measured 0.38 cm and 0.4 cm in width.

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 0.5 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.



SonoPath.com info@sonopath.com 1.800.838.4268

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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.

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

- Renal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys would be consistent with chronic kidney disease as per the patient's history.

On this ultrasound there is no obvious etiology for the presenting clinical signs. With the presenting clinical signs an underlying enteropathy even though the GI tract appears ultrasonographically normal should still be considered with possible etiologies being dietary hypersensitivity and inflammatory bowel disease.

Further assessment of the kidneys if not already done would be blood pressure and UPC. Further assessment of a possible enteropathy would be cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

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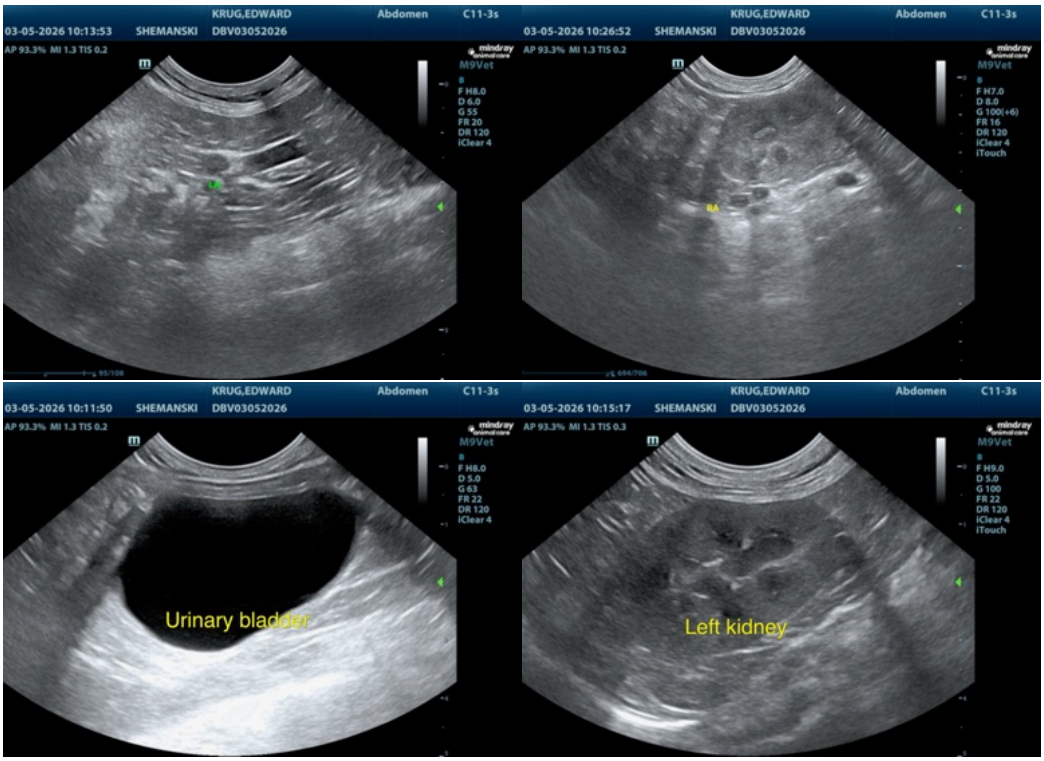
Specific therapy would be dependent on an etiological diagnosis. Management of the renal disease would be feeding a renal diet, enteric phosphate binders as needed and either an ace inhibitor or receptor blocker.



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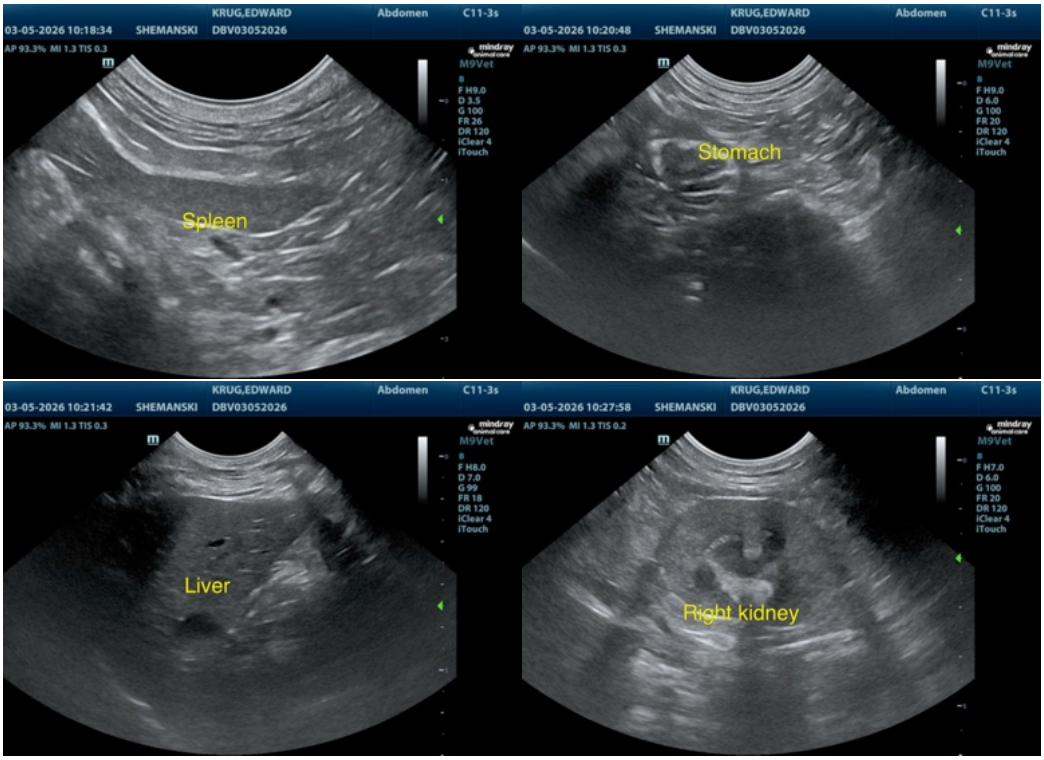

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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