



PATIENT

Peter Canavan

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

9.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Guldbech

INVOICE

72243

DATE

3/5/26

PRESENTING CLINICAL SIGNS

- Possible PU/PD and behavior changes.
- Blood work in November 2025 : CBC: WNL Chem: hypernatremia (163), hyperalbuminemia (4.2) , ALT 193(H) ALP 55 (WNL) AST : 101 (H) UA WNL rechecked blood work February 2026: CBC: WNL Chem: hypochloremia (109) ALT 188 (H) ALP 66 (H) BG 365 (H) Fructosamine WNL.

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 4.8 cm, right measured 4.9 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio and capsule. Mild bilateral pyelectasia was noted. 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 0.59 cm in width. The right adrenal gland measured 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 0.9 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. Duodenum measured 0.28 cm, small intestine measured 0.27 cm, colon measured 0.13 cm. Fecal material is present in the colon.

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

- Bilateral pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the pyelectasia is most likely an incidental finding, early low-grade pyelonephritis should be considered. With the normal fructosamine level and the degree of hyperglycemia early diabetes mellitus would be the most likely diagnosis for this patient which could account for the elevated liver enzyme activity.

Further assessment would be urinalysis, urine culture and T4 assay (if not already done). FNA cytology of the liver could also be considered. Insulin therapy would be recommended for this patient. Although the patient may be the ideal candidate for the use of Velagliflozin.



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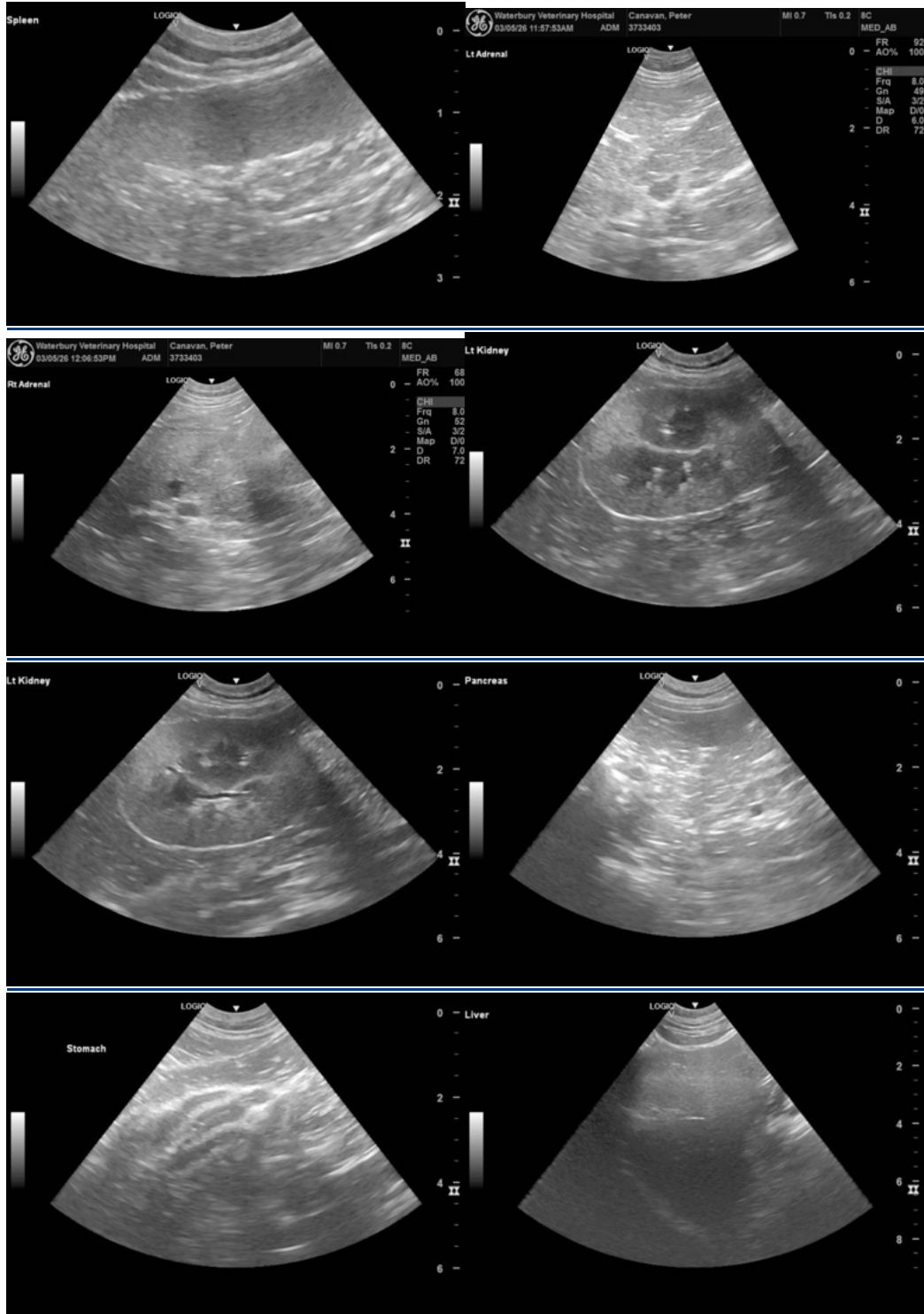
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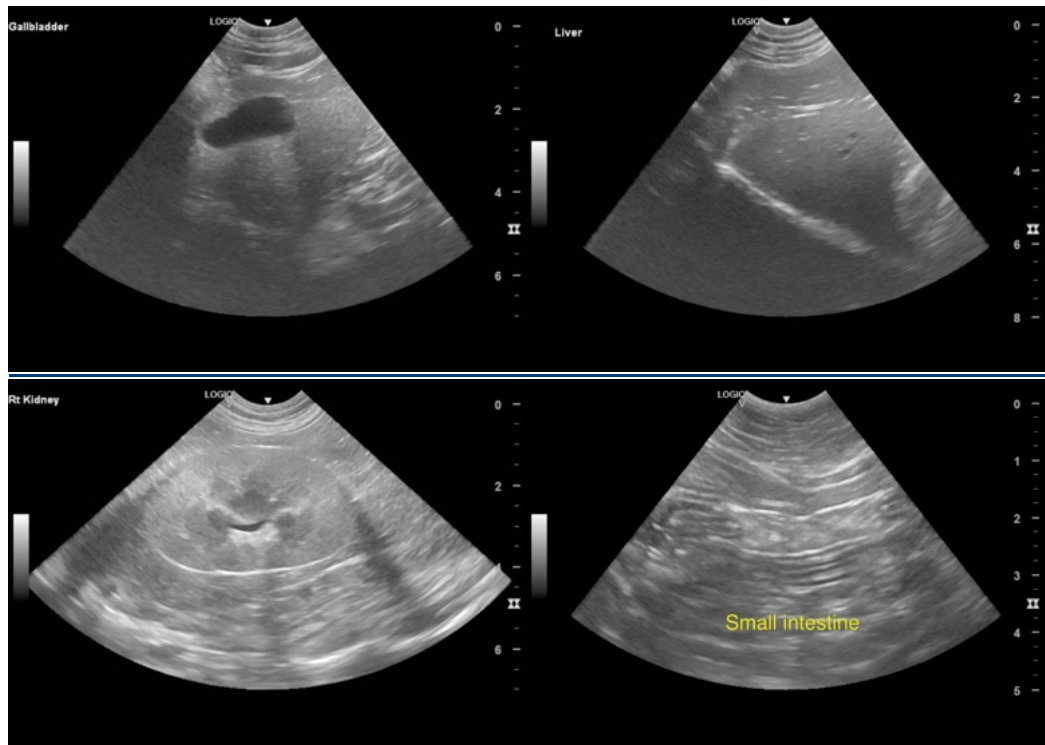
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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