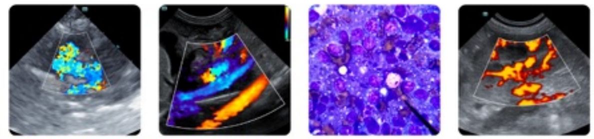

PATIENT

Maisey Meagher

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

15 years

WEIGHT

9.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

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PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Maisey presented in January for PU/PD. UTI and glucosuria were present. Blood glucose was 167. Started Clavamox for UTI.
- Repeated UA on March 2, 2026. Still had UTI with red and white cells, and glucose. Blood glucose was 200. Elevated amylase also noted.
- Fructosamine on March 13th was 364 (normal values are 142 to 450).
- Switched the antibiotic to Baytril, 22.7 mg, one tablet once a day.
- Recheck UA on March 25th. The UTI was resolved, but glucosuria was still present.
- Per owner, the patient is still PU/PD with decreased appetite and activity. She has gained weight, from 9 lbs a couple of years ago to 12 lbs now. Owner notes she is straining to defecate but not urinate. She has a decreased energy level, is not able to jump up on tables, is not interested in playing, and does not groom herself anymore. She is not vomiting. Owner reports she has likely had the bladder infection for months.
- MEDICATIONS: None
- 3/25/2026 Urinalysis Glu 4+ mg /dL Bacteria, Rods Present 3/2/2026 CBC RBC 6.24 (Ref 6.54-12.20 M/uL) LOW MCV 55.9 (Ref 35.9 - 53.1 fL) HIGH Reticulocytes 178.5 (Ref 3.0 - 50.0 K/µL) HIGH Monocytes 0.79 (0.05 - 0.67 K/µL) HIGH Blood Chem Glucose 207 (Ref 71 - 159 mg/dL) HIGH AST 99 (Ref0 - 48 U/L) HIGH Cholesterol 312 (Ref 65 - 225 mg/dL) HIGH Amylase 1,706 (Ref 500 - 1,500 U/L) HIGH Lipase 1,445 (Ref 100 - 1,400 U/L) HIGH 2/13/26 Urinalysis Glucose 4+ mg/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment.

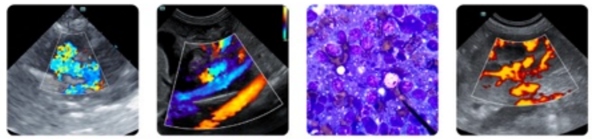
Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.5 cm, right measured 3.8 cm) with a patchy, echogenic appearance of the cortex, loss of corticomedullary differentiation, hyperechoic appearance of the pelvis with no pyelectasia present and a regular curvilinear capsule. Bilateral mineralization is present. No infarcts or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

The adrenal glands are enlarged with a rounded shape, but maintained a normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.7 cm. The right adrenal gland measured 0.71 cm.



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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 0.8 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.

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.

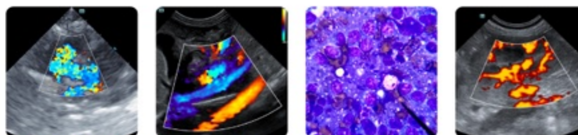
No ascites evident.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Renal disease.
- Bilateral adrenomegaly.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

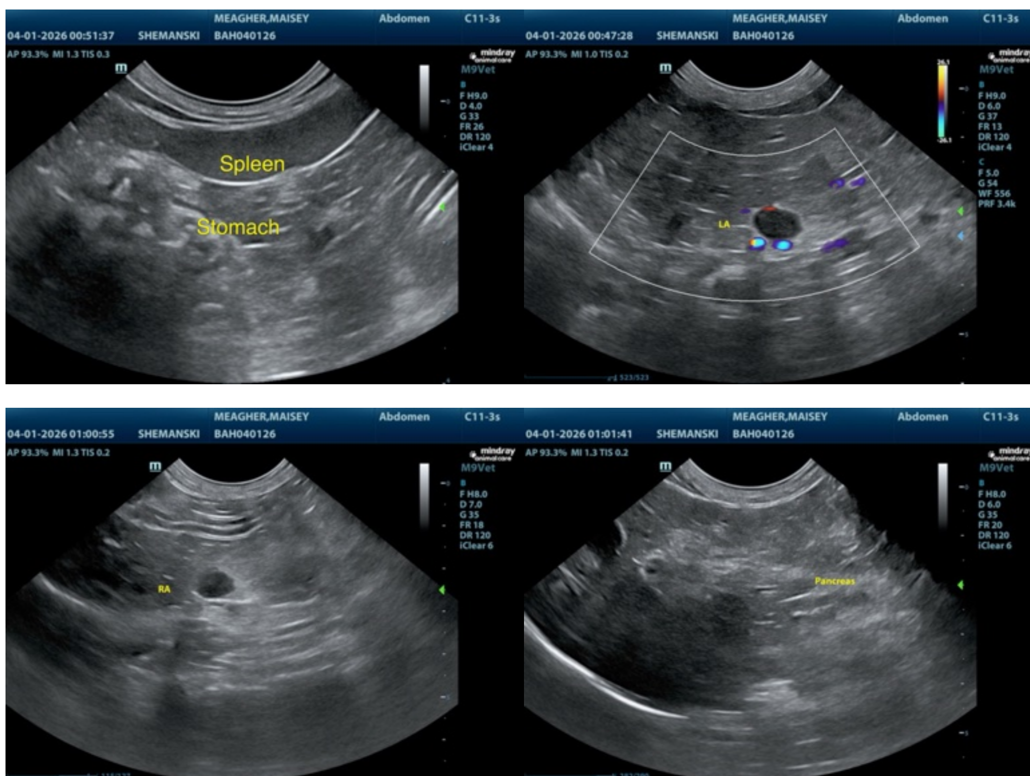
The most likely etiology for the renal disease would be chronic kidney disease with pyelonephritis and bacterial nephritis possible differential diagnosis.

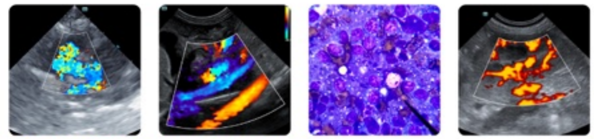
Etiologies for the adrenomegaly would be disease, stress, age related reactive hyperplasia, and possibly pituitary dependent Cushing's disease.

Conn's syndrome is a differential diagnosis if hypokalemia is present.

Further assessment would be urine culture, urine cystatin B assay and possibly ACTH stimulation test. If hypokalemia is present then an aldosterone assay would be indicated.

Specific therapy would be dependent on an etiological diagnosis.





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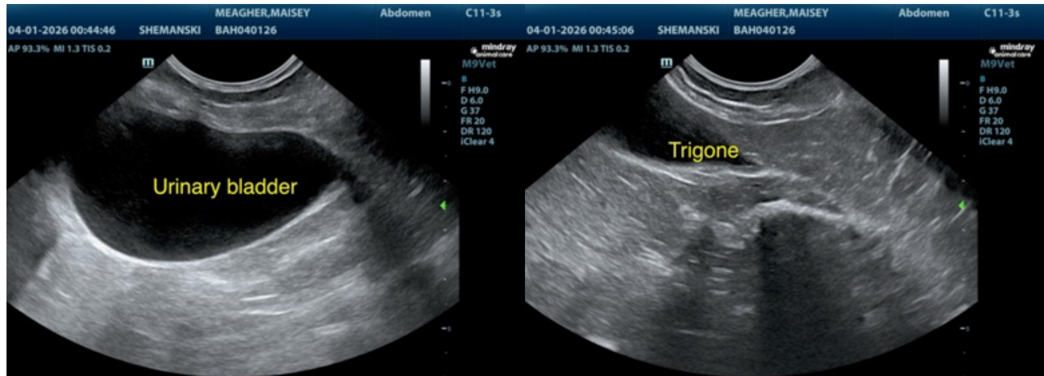

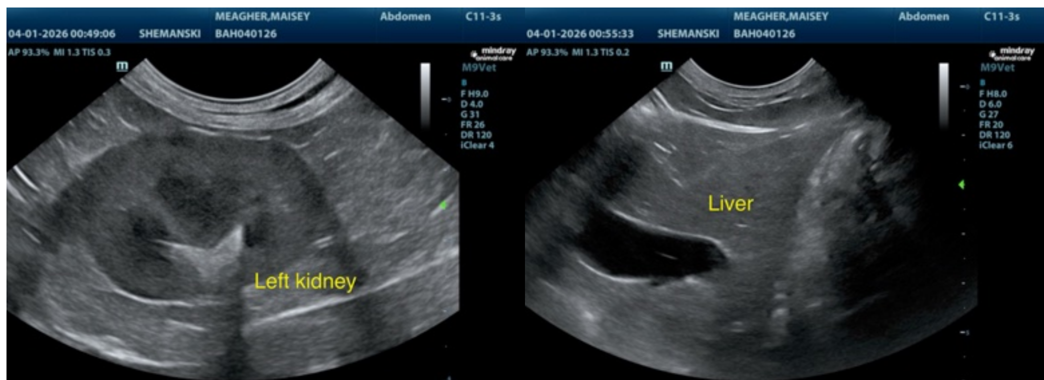

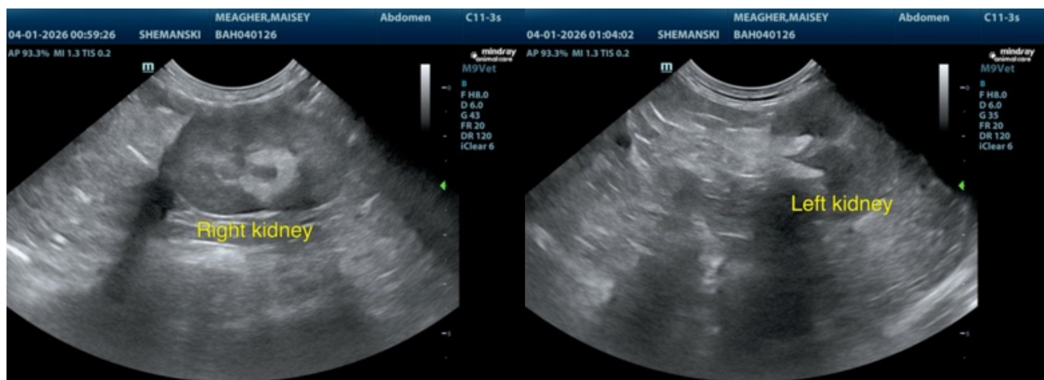

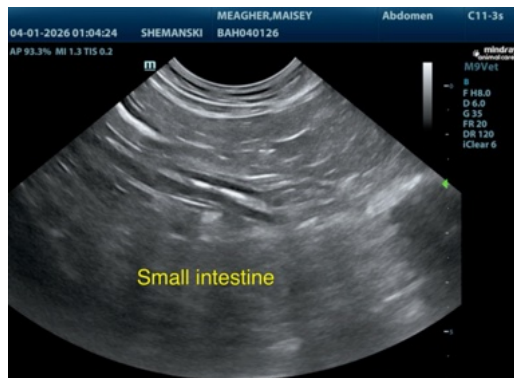

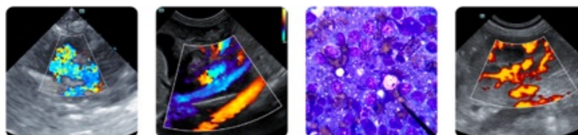

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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