



PATIENT

Bubbles Reyna

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

6.12 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

74465

DATE

4/15/26

PRESENTING CLINICAL SIGNS

History: Presenting for: Weight loss of approximately 2 lb, hyporexia, and suspected LH limb or back pain. NO VDACS. Was gone from household for 2 days, then returned.
Abnormal PE/Chem/CBC/UA Results: Sarcopenia, leukocytosis (46,000), neutrophilia 40,000, monocytosis (2,000), nonregen anemia (HCT 25%), dehydration, dental disease, BUN 76, creat 3.0, 3 v chest films - The study indicates small volume right sided pleural effusion, asymmetric diaphragm and a small right caudal lobar pulmonary mass. In a geriatric patient with weight loss and neutrophilia, primary consideration is given to neoplasia with necrosis and pyothorax with concurrent unrelated primary pulmonary mass. Negative for overt renal lesions. Suspect a diffuse enteropathy. Rule out underlying neoplasia versus inflammatory bowel disease. Multifocal chronic intervertebral disc disease. Suspect primary lung neoplasia w/ enlarged kidney - multicentric lymphoma??

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 3.6 cm, right measured 4.4 cm), increased echogenic appearance, some loss of corticomedullary differentiation, bilateral pyelectasia (left 0.4 cm, right 0.7 cm), and an irregular capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

The adrenal glands are not visualized.

Spleen

The spleen was not visualized.

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 small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



PATIENT

Bubbles Reyna

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

6.12 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

74465

DATE

4/15/26

Gastrointestinal

Normal appearance of the stomach, duodenum, 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. Normal thickness of the small intestine up to 0.3 cm with no loss of layering, with increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen.

Pancreas

The pancreas is not visualized.

Free Abdomen

Normal mesenteric lymph nodes.

A small amount of ascites is present.

Pleural effusion is evident.

ULTRASONOGRAPHIC FINDINGS

- Renal disease.
- Enteropathy.
- Bicavitary effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic kidney disease and in line with the patient's blood work.

Although the pyelectasia is most likely associated with the renal changes, underlying low-grade pyelonephritis should still be considered.

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease with emerging lymphoma a possible differential diagnosis.

Etiologies for the bicavitary effusion would be cardiac disease, hypoproteinemia and possibly neoplasia.

Initial further assessment would be analysis of the ascites and pleural effusion, urinalysis, blood pressure and UPC.

Additional diagnostics that could be considered would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



PATIENT

Bubbles Reyna

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

6.12 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

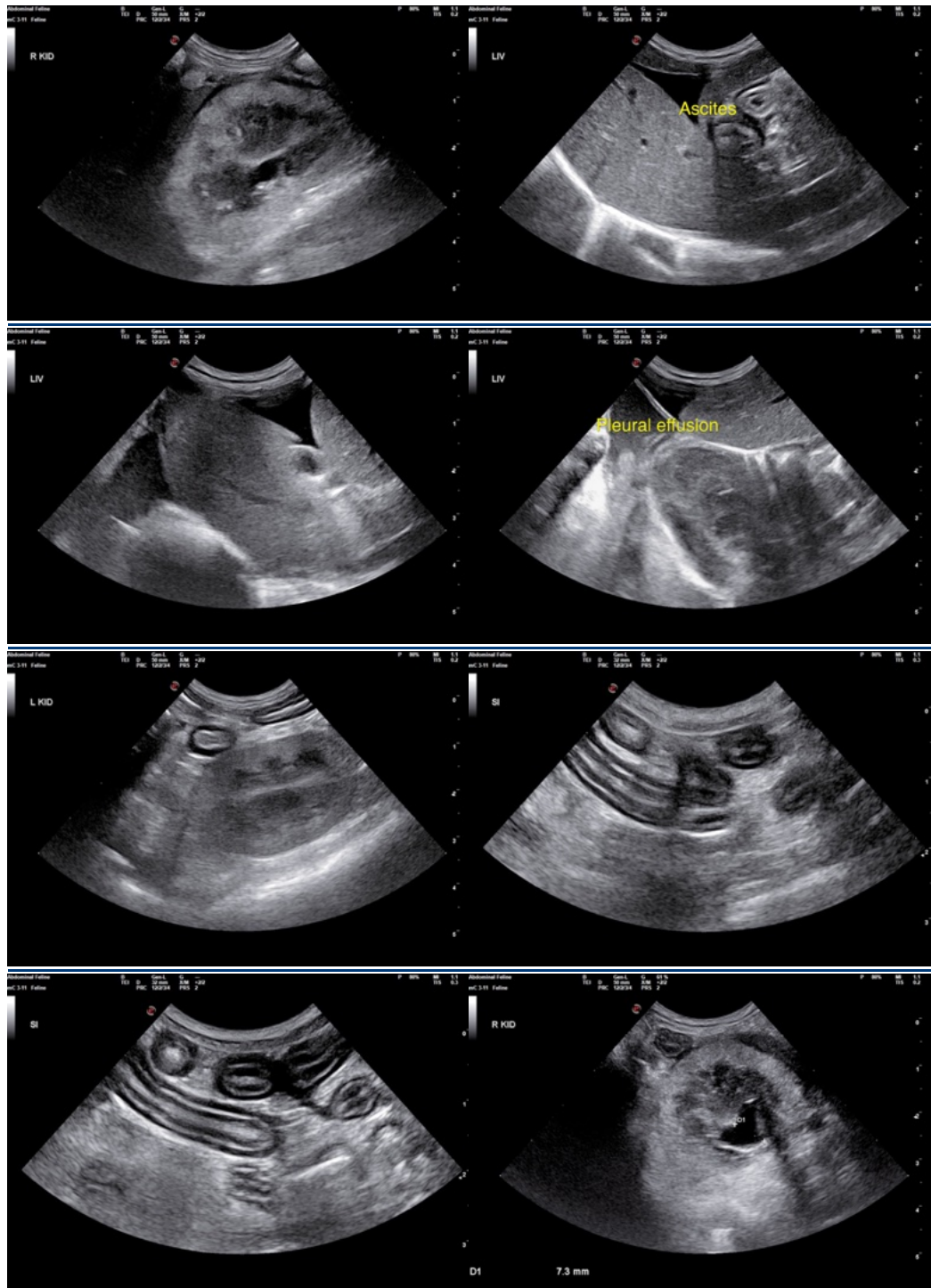
Dr. McCaughan

INVOICE

74465

DATE

4/15/26



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.



PATIENT

Bubbles Reyna

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

6.12 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

74465

DATE

4/15/26

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