



PATIENT

Jelly Bean Reilly

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

11 years

WEIGHT

5.68 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. Lann

INVOICE

74508

DATE

4/15/26

PRESENTING CLINICAL SIGNS

Progressive weight loss over the past year (approximately 1 lb decrease), with current weight 5.68 lbs (previously 6.66 lbs). Body condition score has declined from 4/9 (2025-03-17) to 3/9 (2026-04-06). Brief Patient History - A 3/6 systolic murmur was detected for the first time. An echo was done in-house. History of gingivostomatitis. Chronic kidney disease, stage 2.

History from Owner Jelly Bean is an anxious indoor cat with a history of overgrooming (abdomen and hind limbs), occasionally to the point of self-trauma. Owner suspects possible allergic component, noting worsening signs when environmental cleaning is reduced. She has a history of chronic stress from prior prolonged confinement and ongoing inter-cat tension with a housemate.

She also has intermittent vomiting/regurgitation consistent with "scarf and barf," sometimes associated with hairballs, and a history of stomatitis status post multiple dental extractions ~10 years ago.

Additional concerns include intermittent coughing episodes (described as reverse sneezing) with occasional nasal discharge. Clinical signs reportedly improved with cetirizine but worsened after discontinuation. Energy level remains normal.

CLINICAL SIGNS: Weight loss

MEDICATIONS: None

Abnormal PE/Chem/CBC/UA Results: - CBC: No stressed leukogram. - Chemistry: SDMA 17 ug/dL, Potassium mildly low at 3.3 mmol/L, Globulin 5.2 g/dL. - Urinalysis: USG 1.020, urine protein 30 mg/dL, 250 erythrocytes/uL, 2 WBC/hpf, 16 RBC/hpf. - Total T4: 2.1 ug/dL. One year ago, it was 2.4 ug/dL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A moderate 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 3.0 cm, right measured 4.0 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, and 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 0.45 cm in width. The right adrenal gland measured 0.52 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.



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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.

Gallbladder

The gallbladder is full containing a small amount of non-adhered, hyperechogenic sediment. 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. The small intestine measured up to 0.2 cm.

Pancreas

The pancreas revealed a normal size with a hypoechogenic appearance and an irregular 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.
- Chronic pancreatitis.
- Gallbladder sediment.
- Urinary bladder sediment.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys would be consistent with chronic kidney disease but in line with the patient's history.

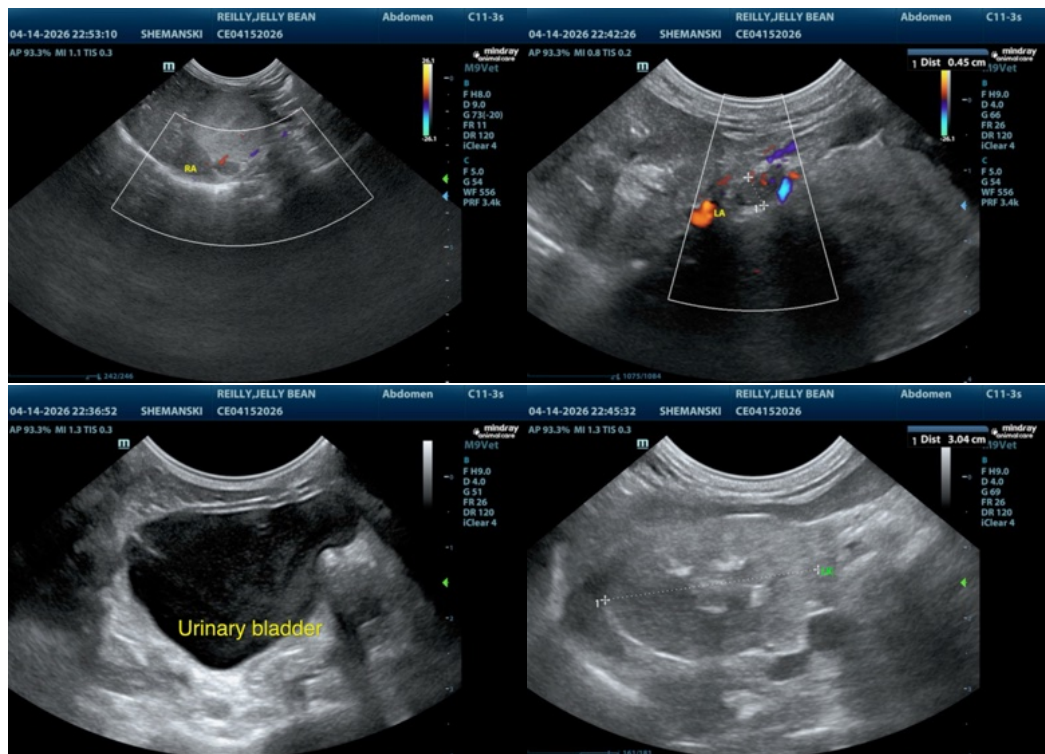
Etiologies for the urinary bladder sediment would be incidental debris, crystalluria and possibly bacterial cystitis.

The gallbladder sediment can be considered an incidental finding.

Further assessment would be urine culture, UPC (if culture is negative), blood pressure and FPL/PSL assay.

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

Ideal management of chronic pancreatitis would be feeding small frequent meals of a low fat intestinal type diet.





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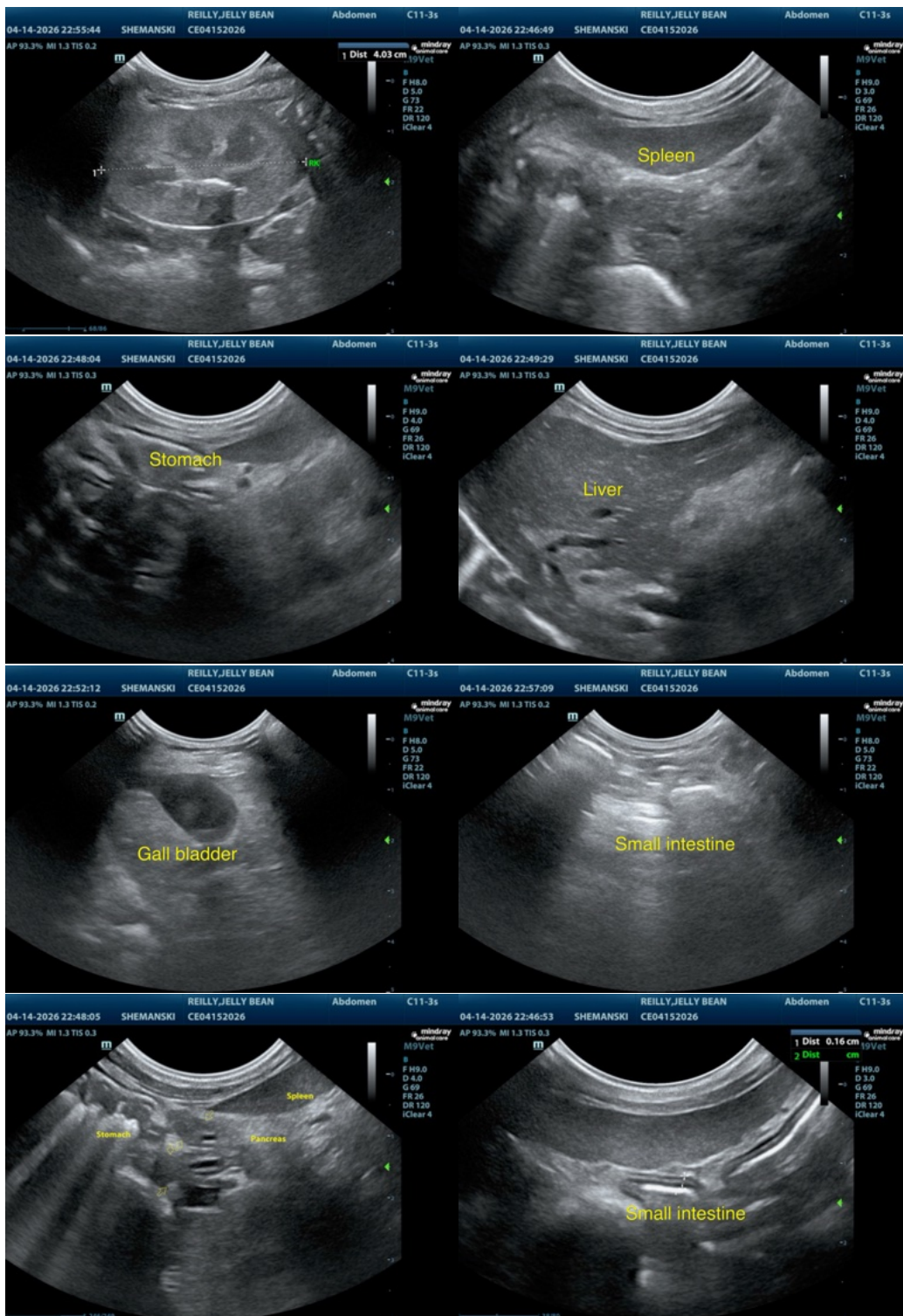
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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