



PATIENT

Tinker Wilber

SPECIES

Feline

BREED

Himalayan Mix

SEX

Spayed female

AGE

13 years

WEIGHT

4.9 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. Massaro

INVOICE

74640

DATE

4/20/26

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Presented on May 15th for new ocular pain and a history of hypertension. The exam showed blepharospasm and mild corneal opacity OD. Due to fractiousness, blood pressure averaged 190 mmHg. Intraocular pressure OD was 26 mmHg (borderline high); STT and fluorescein were normal. Dispensed Tobramycin; recheck set for 4/22. Tinker (15-16 years old) has lost a significant amount of weight, dropping from 7 lbs to 4.9 lbs over the last year. Her history includes being left alone for months following a previous owner's death. She exhibits severe sensitivity in her rear quarters, which hinders grooming and causes mats. Ocular issues surfaced two weeks ago, and she has a history of sudden blindness from hypertension, which improved with medication, though her blood pressure remains rising. Currently managed on thyroid medication since December, she also receives mirtazapine as needed; gabapentin was discontinued due to sedation and administration stress. Gastrointestinal signs are limited to rare vomiting of foam and small stools, despite increased thirst and urination.

CLINICAL SIGNS: poor appetite, hypertension, arthritis

MEDICATIONS: - Amlodipine 2.5 mg, 1/2 tab PO once a day, Methimazole 5 mg, 1/2 tab PO once a day, Tobramycin drops, OD BID.

RBC 5.65 m/uL L Hematocrit 23.3 % L Hemoglobin 8.1 g/dL L Eos 0.028 k/uL L Gluc 180mg/dL H SDMA 18 ug/dL H BUN 53 mg/dL H K 3.0 mmol/L L Cl 109 mmol/L L TCO2 23 mmol/L H AST 115 U/L H Chol 347 mg/dL H Creatine Kinase 653 U/L H

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 3.2 cm, right measured 3.1 cm), increased echogenic appearance, loss of cortico-medullary differentiation, mild bilateral pyelectasia and an irregular capsule. No infarcts, mineralization or renoliths evident. Small cortical cysts are present in the cranial pole of the left kidney measuring 0.7 cm in size. Poor 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 0.41 cm in width. The right adrenal gland measured 0.39 cm in width.



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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 0.5 cm in width.

Liver

Normal size with a diffuse, increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Focal, incidental cyst was present in the caudal aspect of the left lobe measuring 0.7 cm in size. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing a moderate 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. A moderate amount of fluid is present within the stomach. Small, linear foreign body is evident in the stomach, but with no obvious evidence of pyloric obstruction. A moderate amount of gas is present throughout the small intestinal tract.

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.
A scant amount of ascites is evident.

Thorax

Thickening of the left ventricular wall, no pericardial or pleural effusion evident.



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ULTRASONOGRAPHIC FINDINGS

- Renal disease.
- Hepatopathy.
- Gallbladder sediment.
- Gastric foreign body.
- Left ventricular hypertrophy
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys would be consistent with chronic kidney disease.

The most likely etiology for the hepatopathy would be metabolic, secondary to the hyperthyroidism, with hepatitis, lipidosis and infiltrative neoplasia a less likely differential diagnosis.

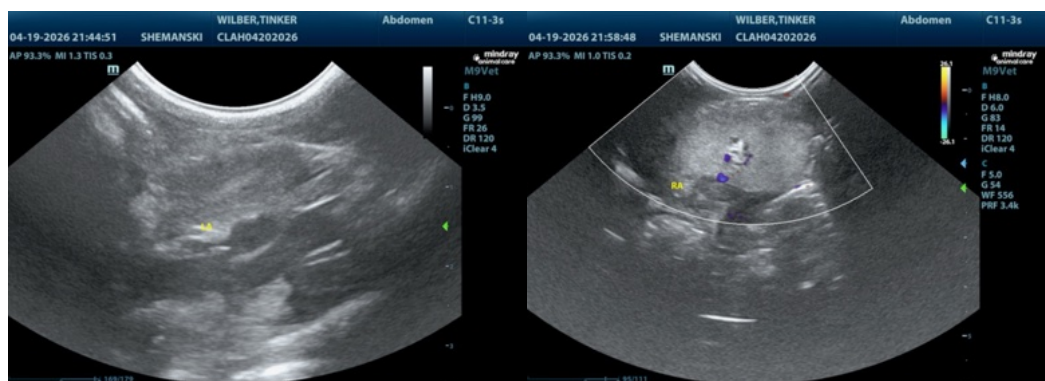
The gallbladder sediment can be considered an incidental finding.

The most likely etiology for the hypertrophy of the left ventricle would be secondary to both the hypertension and hyperthyroidism.

Although the gastric foreign body may merely be an incidental finding, monitoring for the possible development of obstruction would be recommended.

Further assessment would be UPC and possibly FNA cytology of the liver.

Management of the renal disease would be feeding a renal diet, enteric phosphate binders as needed and either an ace inhibitor or receptor blocker (if not already on).





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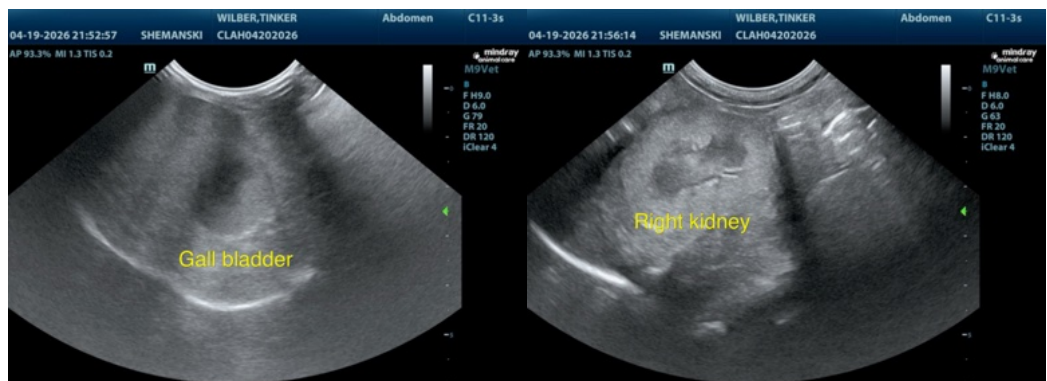
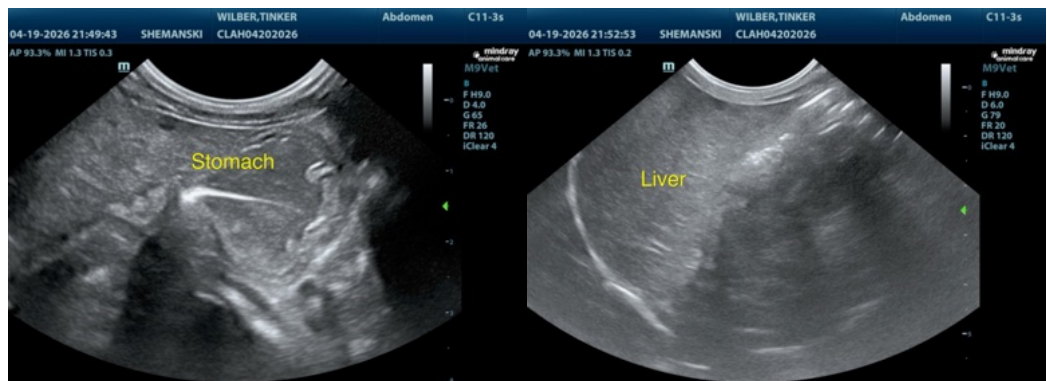
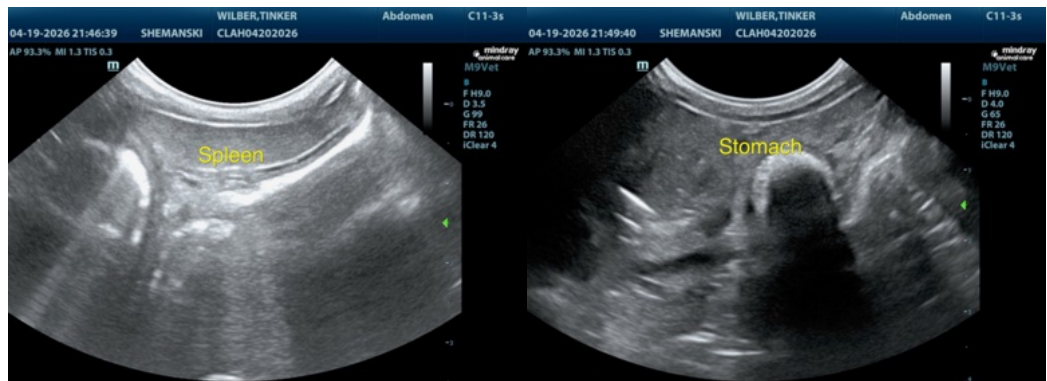
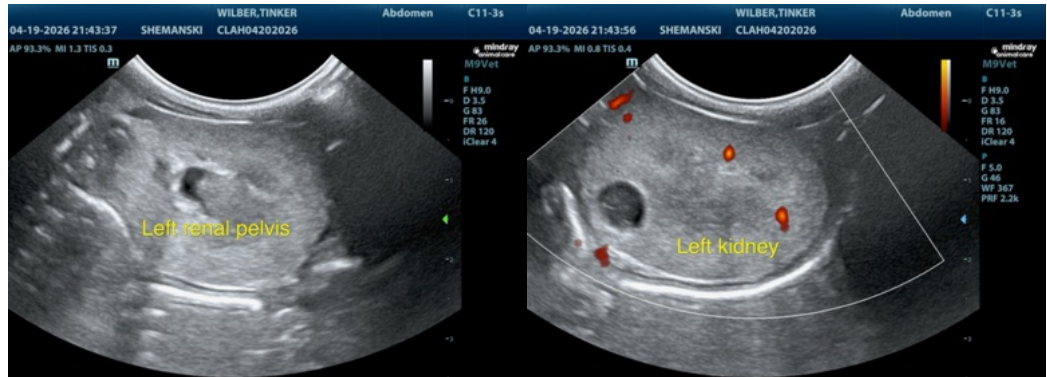
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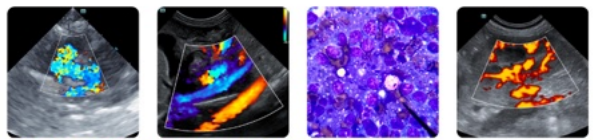
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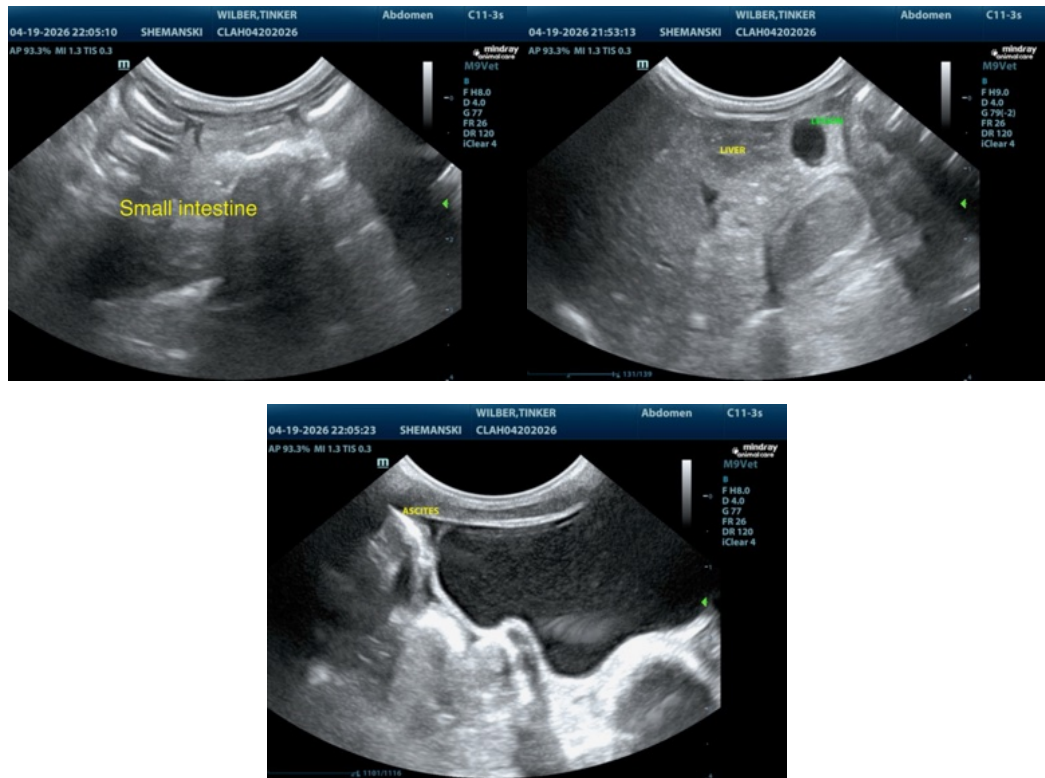
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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