



PATIENT

Taylor Symonds

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

10.9 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. Demers

INVOICE

75122

DATE

5/1/26

PRESENTING CLINICAL SIGNS

Decrease in appetite, vomiting, lower urinary tract infection. P hasn't been doing well, not eating well, not drinking well, not grooming weight loss, vomiting and constipation.

History of uroliths, nephroliths, pancreatitis and cholecystitis

CLINICAL SIGNS: Decrease in appetite, vomiting. P just started eating again but only a little bit

MEDICATIONS:

Cerenia

Amoxicillin 10 mg tab - 1 tab bid for 10 days started 4/27

Mirataz topical

Abnormal PE/Chem/CBC/UA Results: April 29, 2026 Urine Sediment Exam: Erythrocytes in urine

sediment 21-50 HIGH Leu 2-3 HIGH Squamous epithelial cells 2-3 HIGH Bacteria cocci >100 HIGH

Urinalysis: Urine specific gravity 1.048 HIGH Urobilinogen 0 Protein 2+ HIGH Occult blood 3+ HIGH

Leukocyte esterase 3+ HIGH Ascorbic acid 10 mg/dL HIGH Appearance: Cloudy April 27, 2026 CBC:

PLT 94 Glucose 210 mg/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment is present. A few, small, uroliths are 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 left renal size (3.9 cm), small right renal size (2.9 cm), normal architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. A few small infarcts are evident in the right kidney. Bilateral small, non-obstructive, renoliths evident. No mineralization present. 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 0.43 cm in width. The right adrenal gland measured 0.36 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 0.8 cm in width.



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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. Fecal material was 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.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Uroliths
- Bilateral renoliths
- Gallbladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gallbladder sediment can be considered an incidental finding.

Management of the uroliths would be eradicating bacterial cystitis and feeding a urinary specific diet.



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Alternatively surgical removal could be considered.

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Urine culture is recommended 24-48 hours after completely of the antibiotic therapy would be recommended to ensure eradication of the infection.

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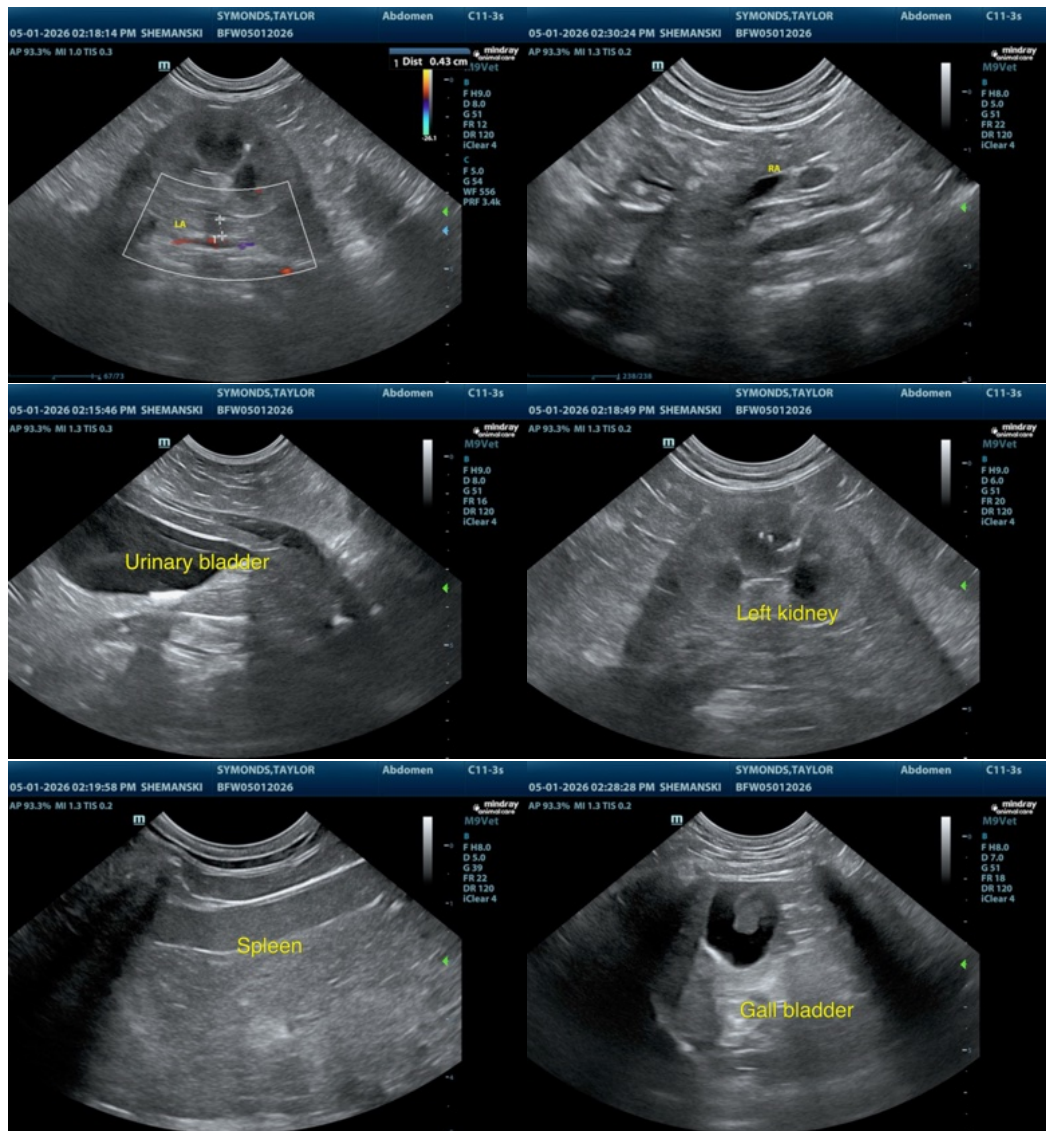
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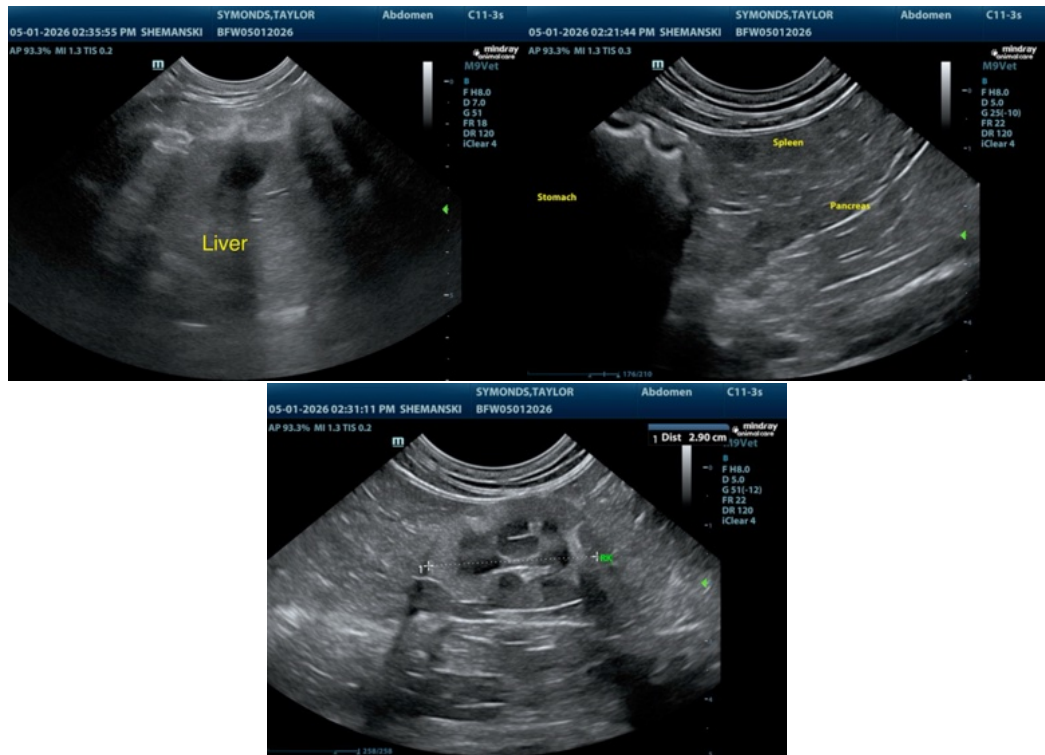
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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