



PATIENT

Raven Wathen

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

11.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kym

HOSPITAL NAME

Emergency Animal
Hospital of Crystal
Falls

REFERRING VET

Dr. Tateski

INVOICE

16026

DATE

05/10/26

PRESENTING CLINICAL SIGNS

Raven is owned by Matthew's dad, Steven, but he could not bring her here, so Matthew brought her in today. Per dad, Raven is not eating or drinking for the past week. She has been lethargic and not acting herself the past 3-4 days. Now he is noticing her stumbling and seeming disoriented, so she was brought here. She has hx of recurrent UTIs, no other known medical problem. Indoor only. No vomiting.

****CBC:**** normal hemogram; stress leukogram; adq plts ****Chem:**** severe azotemia, severe hyperphosphatemia, severe hyponatremia, moderate hyperkalemia, hyperproteinemia (hyperglobulinemia and hyperalbuminemia), hypercholesterolemia ****PCV/TP:**** 46/10.2 ****USG:**** 1.014

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident. Few small uroliths measuring up to 0.90 cm in size present.

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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length. Mild left-sided pyelectasia was 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. The left adrenal gland measured 0.50 cm in width. The right adrenal gland measured 0.47 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 0.60 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

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



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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

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.

ULTRASONOGRAPHIC FINDINGS

- Uroliths.
- Left-sided pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the kidneys appear ultrasonographically normal, with the presenting clinical signs, etiologies that need to be considered would be acute kidney injury, bacterial nephritis, hypertensive nephropathy, and an obstructive uropathy, which has now resolved.

Further assessment would be urinalysis, urine culture, urine cystatin B assay, and blood pressure.

Initial management would be fluid therapy and correction of the electrolyte anomalies, with regular monitoring, of renal function and electrolytes. Once the patient has recovered, addressing the uroliths by either surgical removal or medical dissolution would be indicated.



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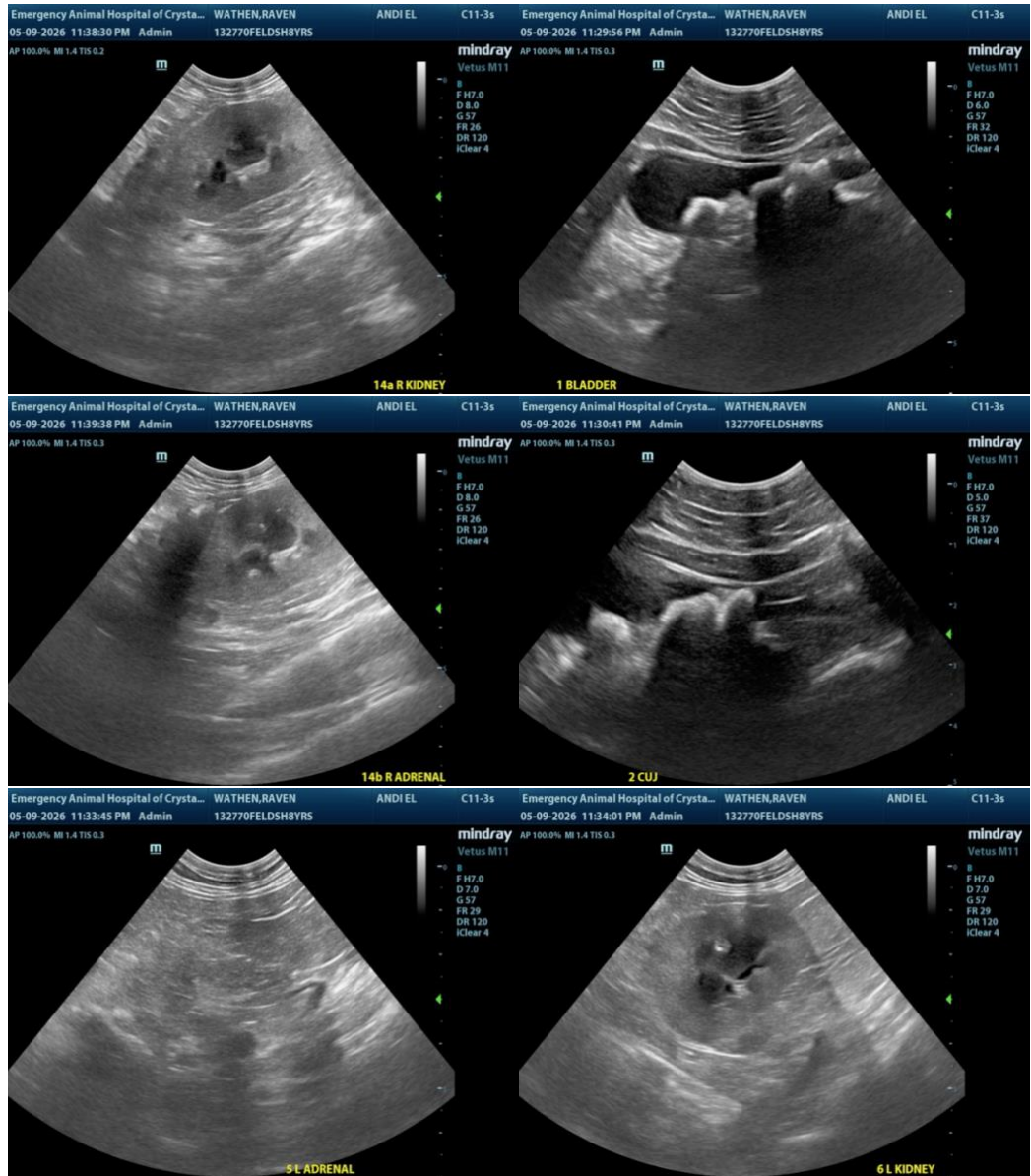
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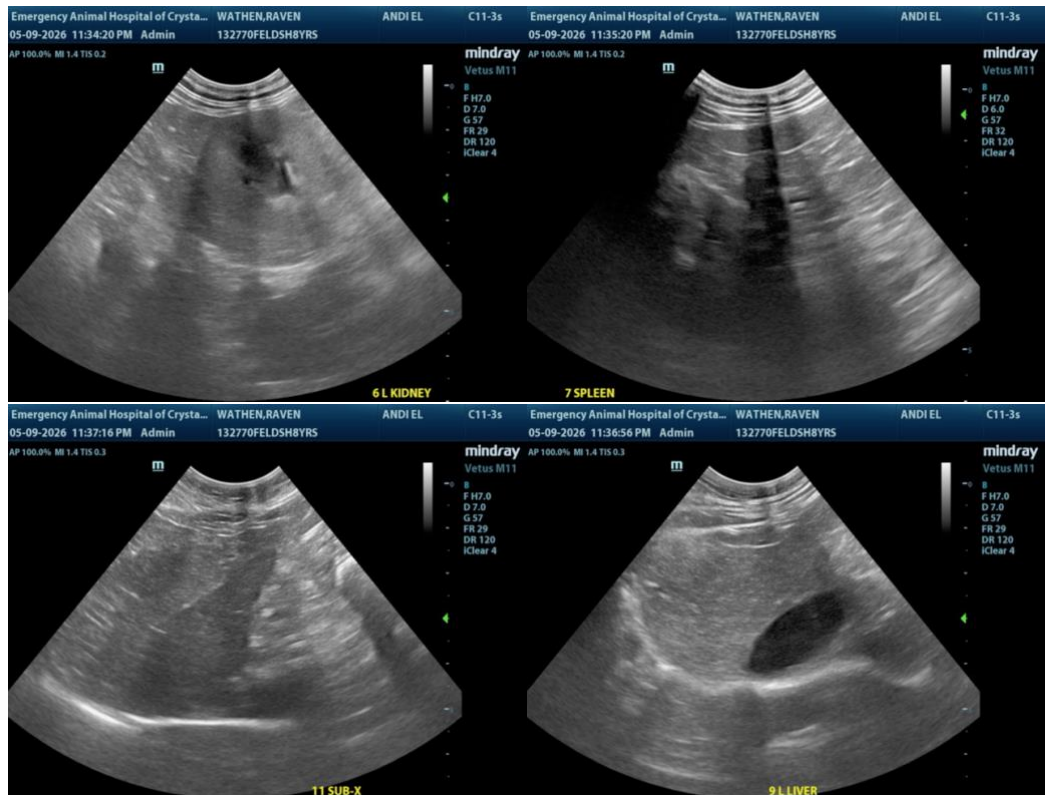
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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