



PATIENT

Maxie Dunn

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

15 years

WEIGHT

6.2 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. Jackie Walker

INVOICE

77614

DATE

5/15/26

PRESENTING CLINICAL SIGNS

Unexplained weight loss with a normal appetite. No GI signs.
Persistent UTIs (rods)

Patient is on a high fiber? Royal Canin food for easy passage of stool.

CLINICAL SIGNS: Weight loss

MEDICATIONS:

- Revolution Plus monthly

- Zeniquin 12.5 mg (1/2 tab) PO SID for 7 days, started 2026-05-06. This - - Was a change from a previous antibiotic that was not effective.

Abnormal PE/Chem/CBC/UA Results: April 9, 2026 CBC Hct 28.5% LOW Hgb 9.2 g/dL LOW -

Neutrophils: 3.06 K/uL (low normal) - Lymphocytes: 0.93 K/uL (low normal) - Monocytes: Low normal -

Eosinophils: Low normal chem: - Pancreatic lipase: 3.3 - Total T4: 1.6 ug/dL Urinalysis WBC >50/HPF

Bacteria, rods PRESENT Rads 5/12/26 Unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 3.9 cm, right measured 3.6 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, normal pelvis and capsule and a mild corticomodullary rim sign. No infarcts, mineralization or renoliths evident. Normal color flow pattern is noted in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.48 cm in width. The right adrenal gland measured 0.51 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 0.7 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. A few, hyperechogenic parenchymal nodules measuring up to 0.5 cm. No masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing normal anechoic bile. Thickened and hyperechogenic 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 ingesta was present within the stomach compatible with a recent meal. 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

- Renal disease
- Hepatic nodules
- Previous cholecystitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys would be consistent with chronic kidney disease and/or age related changes.



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The most likely etiology for the hepatic nodules would be incidental nodular hyperplasia.

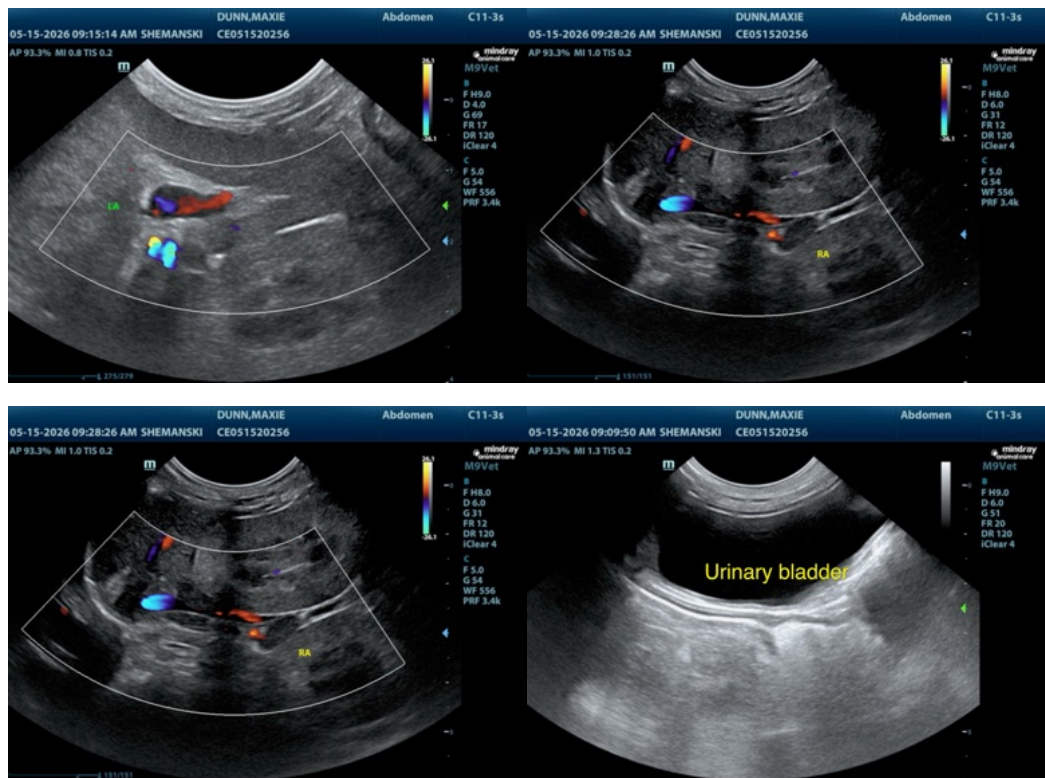
On this ultrasound there is no obvious etiology for the for the weight loss.

Although the GI tract appears ultrasonographically normal, an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease should still be considered.

Further assessment would be fecal analysis, cobalamin and folate assay and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered would be feeding a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.





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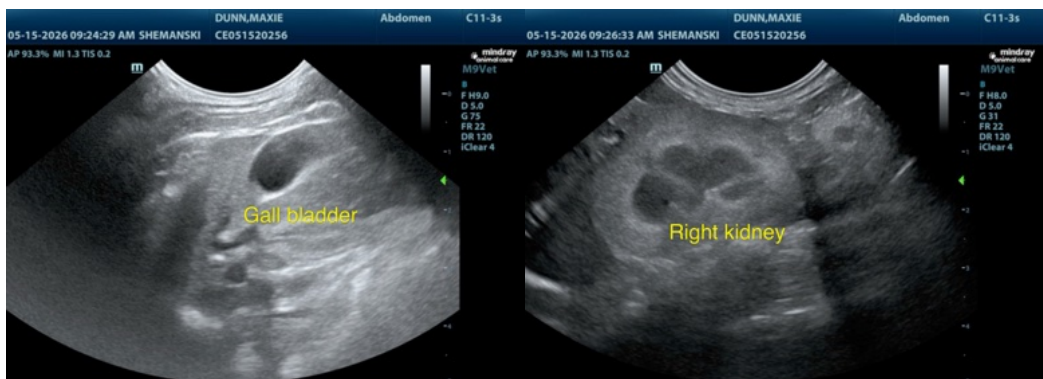
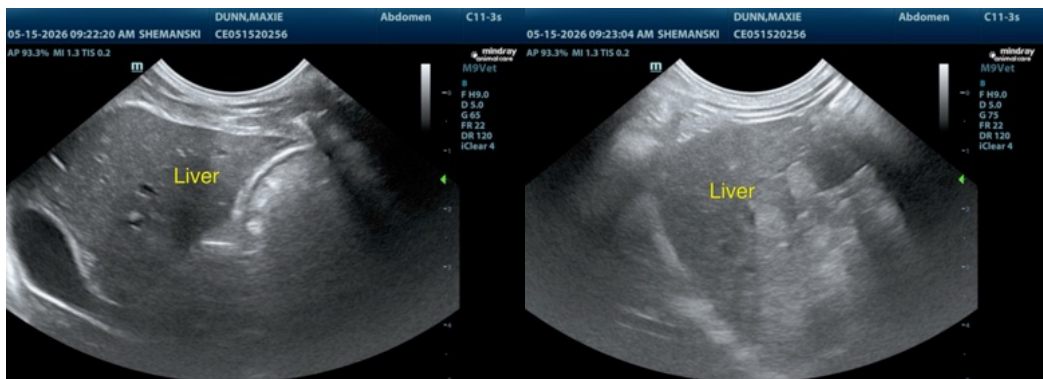
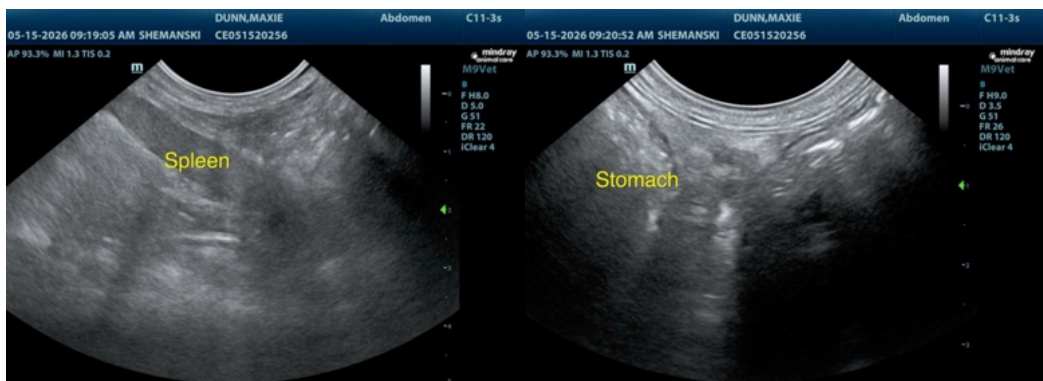
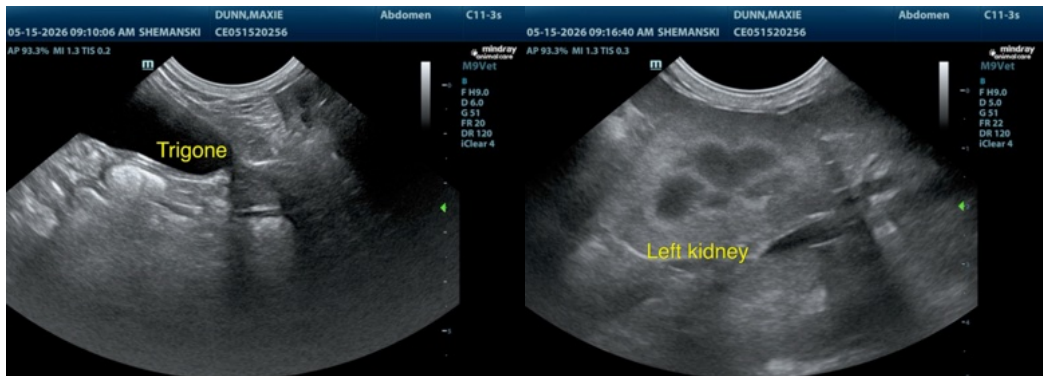
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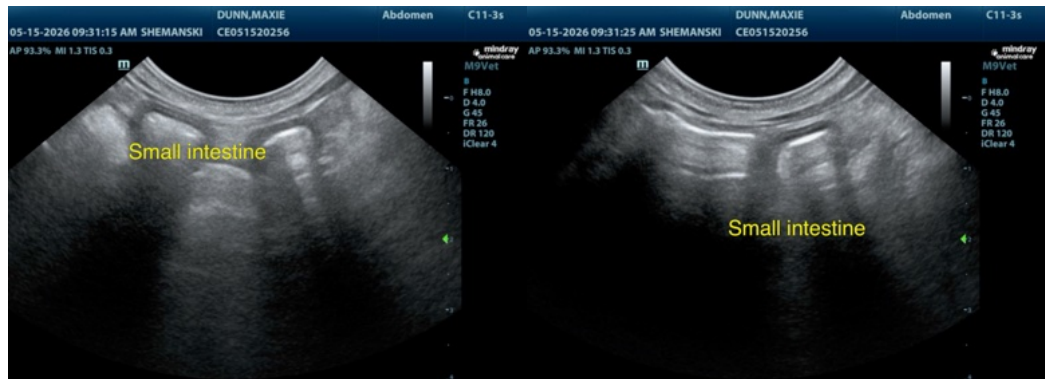
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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