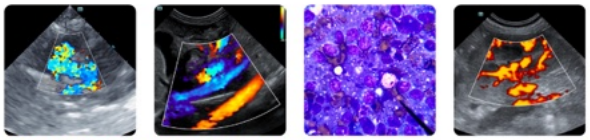

PATIENT

Maddie Lann

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

11.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Vetererinay Service

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INVOICE

77875

DATE

5/22/26

PRESENTING CLINICAL SIGNS

Weight loss (14.6 lbs on June 30, 2023 BCS 6/9, 13.3 lbs on Sept 18, 2024 BCS 6/9, 12.2 lbs on Dec 31, 2025 BCS 5/9, then 11.4 lbs 5/7/2026 BCS 3/9).
Other history: Patient also has been coughing or dry heaving at least 3-4x/week in the past month. Owner reports continued weight loss with a good appetite. Vomits a couple of times per month. Lives in a multi-cat household (2 cats at home, 2 hospital cats). CLINICAL SIGNS: Continued weight loss with a good appetite and vomits a couple of times per month
MEDICATIONS: None at this time
5/7/2026 CBC and Blooc Chem WNL UA: Specific gravity 1.024 LOW BLD 25 Ery/uL Radiographs: Right lateral and VD thoraco-abdominal radiograph: Very slight peribronchiolar infiltrates. Beyond this normal other than faint round density mid-portion cranial aspect liver. Also visible on previous radiographs. Measurement tool not working but diameter equal to 1 vertebral body.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small 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.

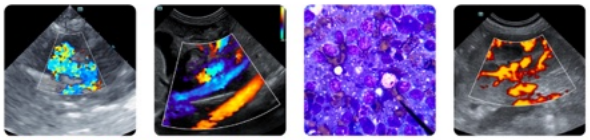
Normal renal size (left measured 3.4 cm, right measured 4.0 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No mineralization or renoliths evident. A small cortical infarct was present in the right kidney. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.44 cm in width. The right adrenal gland measured 0.53 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 0.9 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 normal anechoic bile. 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.

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

- Age related renal changes versus early chronic kidney disease.
- Right sided renal infarct.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence a normal ultrasound examination of the abdomen with no obvious etiology for the presenting clinical signs.

The renal infarct can be considered an incidental finding.

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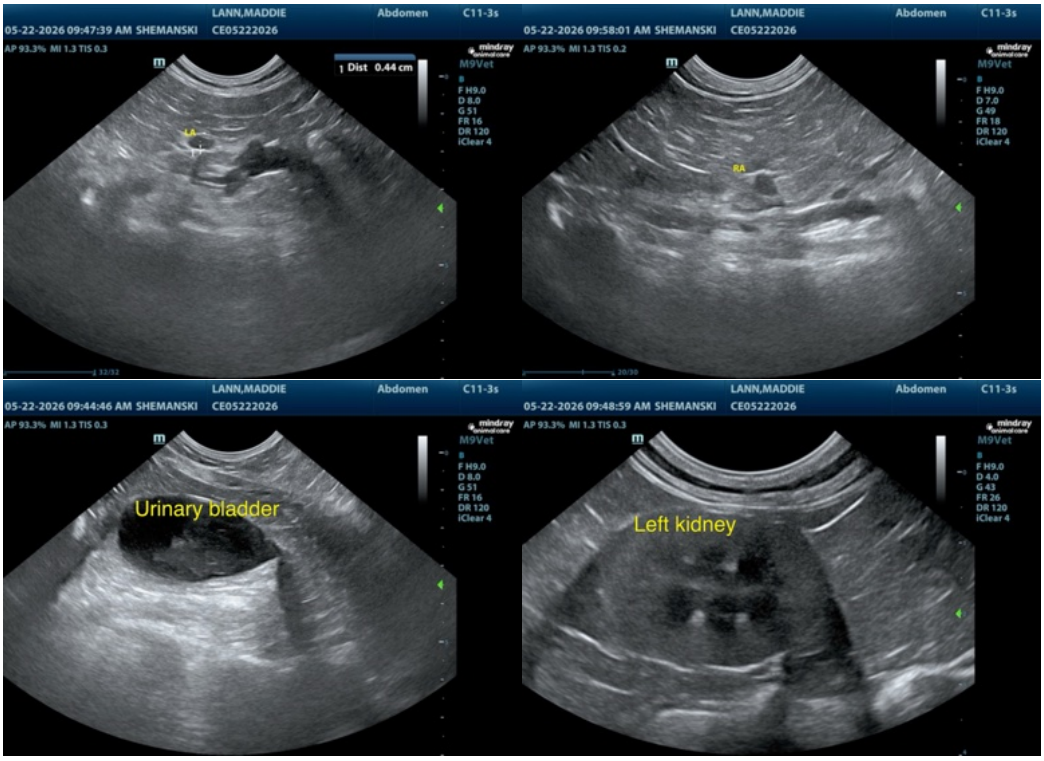
The most likely etiology for the urinary bladder sediment would be incidental debris with crystalluria and bacterial cystitis an unlikely differential diagnosis.

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

Further assessment would be urine and fecal analysis, possibly urine culture, cobalamin and folate assay and 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 small frequent meals of a novel protein/hypoallergenic diet, cobalamin supplementation, course of Fenbendazole and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.



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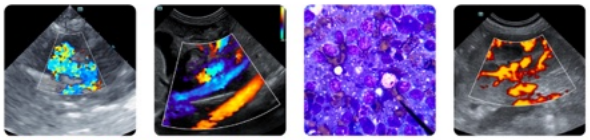

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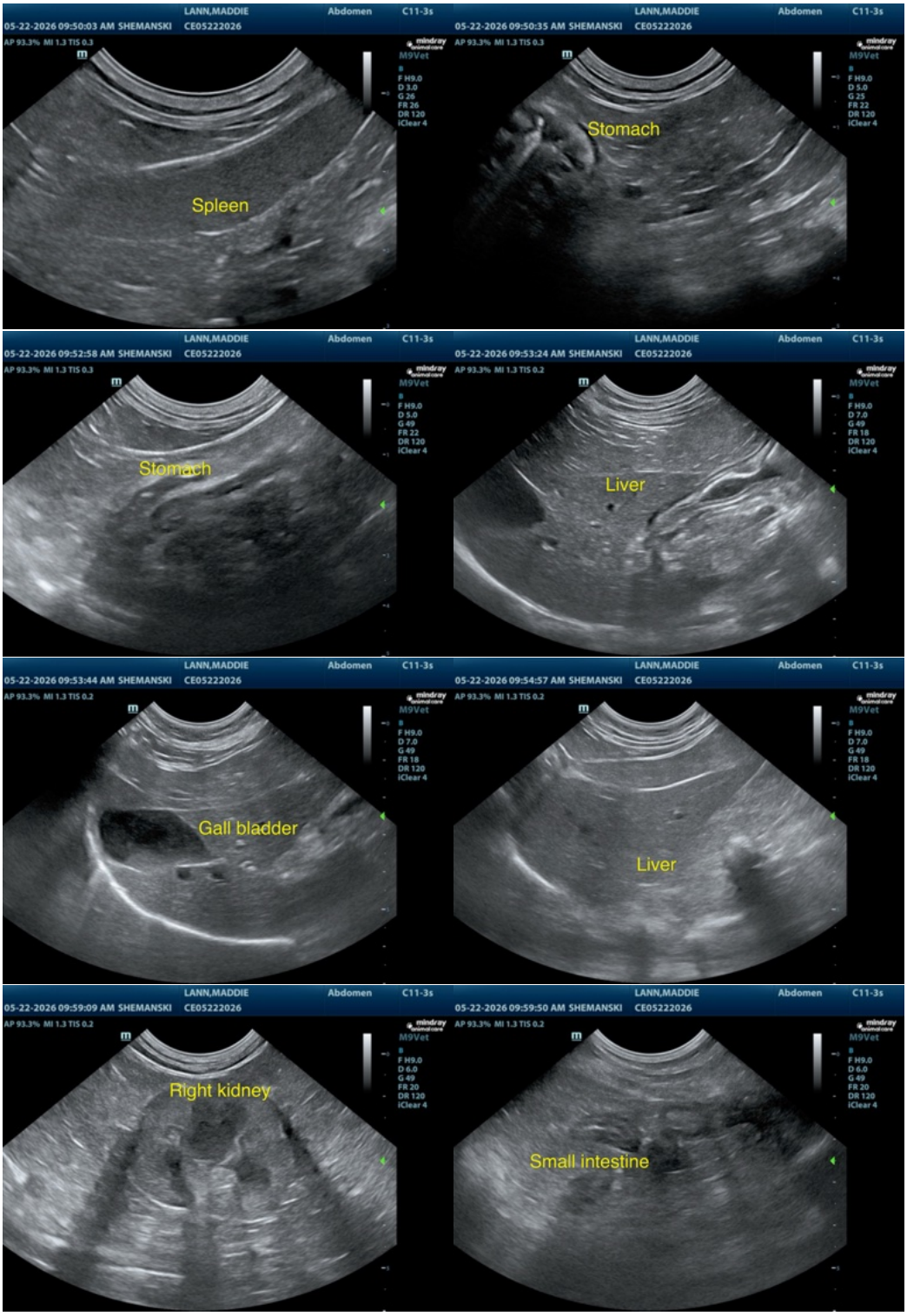

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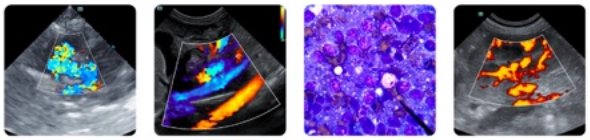

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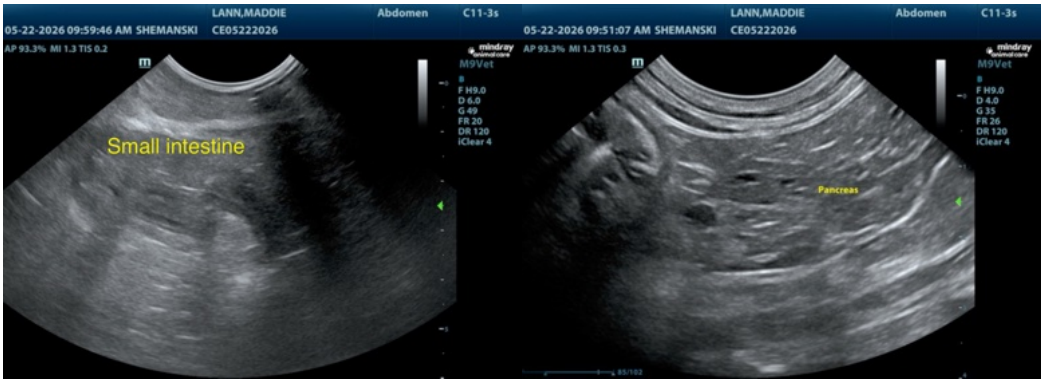

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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