



PATIENT

Lucky Bitonti

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

18 years

WEIGHT

7.43 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. Karen Smith

INVOICE

78807

DATE

6/17/26

PRESENTING CLINICAL SIGNS

The patient was presented for an abdominal ultrasound due to an elevated fPL and chronic renal disease.

CLINICAL SIGNS: History includes walking crooked and falling over that is similar to vertigo which resolved on its own after about a day. This occurred around the same time her labs showed pancreatitis. The owner notes her mother's cat had similar signs and was also diagnosed with pancreatitis. The patient has weakness in her back legs, especially after sleeping.

MEDICATIONS: Animax ear ointment, Prednisolone 1.25 mg SID, Telmisartan 5 mg SID, Amlodipine 1.25 mg SID

*The patient was spicy and anxious for the exam. Given 0.08 mL butorphanol IM for sedation.

June 4, 2026 Low normal neutrophils: 5.6 K/uL Lymphocytes 0.637 K/uL LOW Monocytes 0.49 K/uL HIGH Low normal eosinophils: 0.26 K/uL Platelets 456 K/uL HIGH SDMA 17 ug/dL HIGH Creatinine 2.9 mg/dL HIGH BUN 55 mg/dL HIGH Phosphorus 6.5 mg/dL HIGH Spec fPL 10.5 ug/L HIGH T4 3.3 ug/dL (Ref 0.8-4.7) May 11, 2026 RBC 5.99 M/uL LOW HCT 30.3% LOW HGB 9.7 g/dL LOW Baso 0.01 K/uL LOW Crea 2.7 mg/dL HIGH BUN mg/dL HIGH Cytology: Neutrophilic and lymphoplasmacytic stomatitis with proliferative granulation tissue and ulceration. Jan 15, 2026 Monocytes 0.72 K/uL HIGH Creatinine 3.0 mg/dL HIGH BUN 82 mg/dL HIGH Phosphorus 7.1 mg/dL HIGH Anion Gap 26 mmol/L HIGH T4 2.8 ug/dL WNL UA Specific Gravity 1.014 LOW

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Small, focal, mottled echogenic nodule is noted on the dorsal wall towards the trigone area measuring 0.3 x 0.5 cm in size.

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 3.3 cm, right measured 3.1 cm), increased echogenic appearance, loss of cortico-medullary differentiation, normal pelvis and capsule. No infarcts or renoliths evident.

Bilateral mineralization was present. Normal color flow pattern was evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Pinpoint parenchymal mineralization was present in the left adrenal gland. Left adrenal gland measured 0.39 cm. The right adrenal gland measured 0.43 cm.



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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 0.6 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

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. A small amount of ingesta is present in the stomach compatible with a recent meal.

Pancreas

Normal size with a hypoechoic appearance and an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Chronic pancreatitis.
- Renal disease.
- Left adrenal mineralization.
- Urinary bladder nodule.



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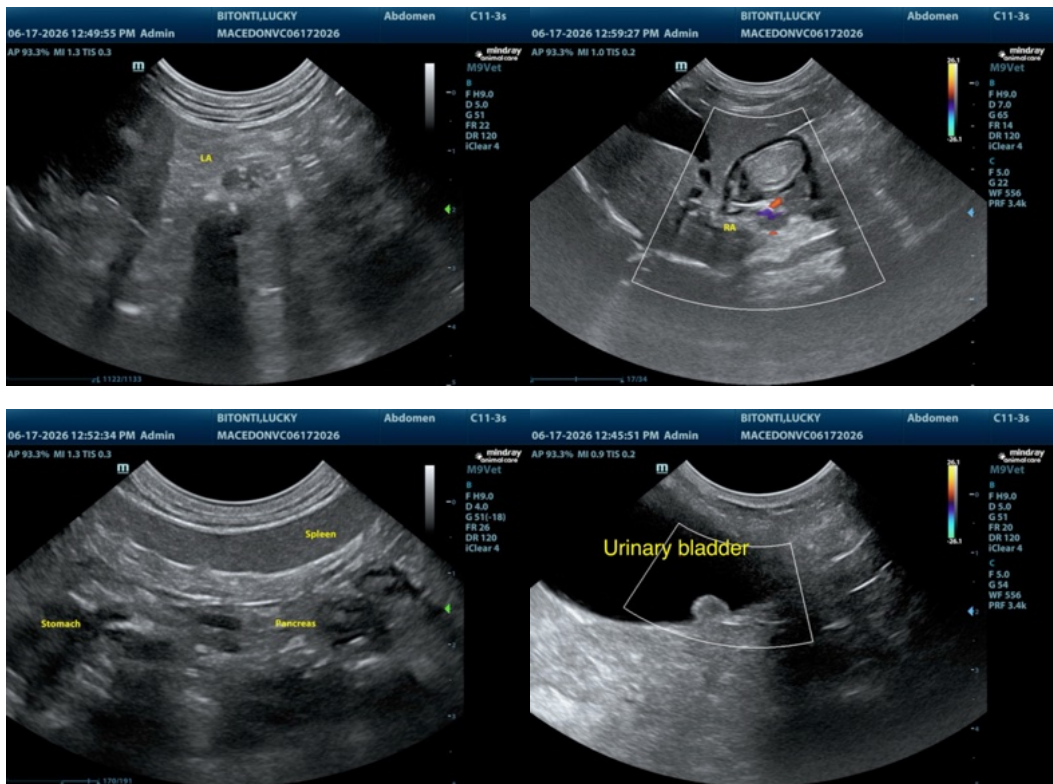
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic kidney disease and in line with the patient's history.

The left adrenal mineralization can be considered an incidental finding.

The most likely etiology for the urinary bladder nodule would be an incidental granuloma with emerging neoplasia a possible differential diagnosis.

Management would be to continue with the current therapy and to feed small frequent meals of a renal diet.





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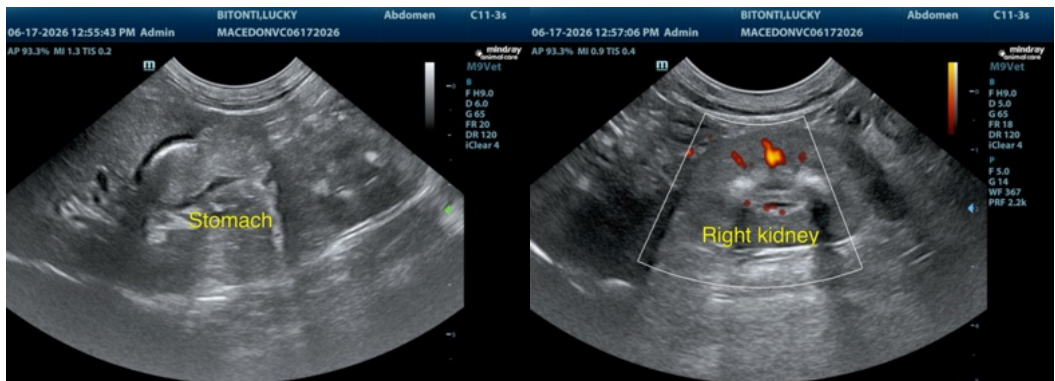
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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