



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Brutus Lawrence
SPECIES Feline
BREED DSH
SEX Neutered Male
AGE 6 years
WEIGHT 12.5 lbs

History: Presented today for vomiting on and off. During exam the bladder was huge but did urinate in hosp. Had been seen a few weeks ago at emergency hosp in FL and diagnosed him with pancreatitis and one of his kidneys being small compared to the other and worried about kidney disease. He did not have an ultrasound then. Currently he is eating and drinking normally and vomited only twice in the past week. Just seems off to the owner. Had gabapentin in the morning.

Abnormal PE/Chem/CBC/UA Results: Pending Previous CBC and chem ran a few weeks ago was normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Moderate amount of floating, hyperechogenic sediment present. No 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.

The left kidney is of normal size (3.40 cm with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis, and capsule. No infarcts, mineralization or renoliths evident. The right kidney is enlarged (5.20 cm) with a hyperechogenic appearance loss of corticomedullary differentiation and normal pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Poorly visualized but appear to be of normal shape, echogenic appearance and size.

Spleen

Normal size (0.90 cm) 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.

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. Small amount of ingesta within the stomach.

Pancreas

Normal size, with a diffuse, mottled, echogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Joan Gramazio

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. Joan Gramazio

INVOICE

13766

DATE

7.20.23



PATIENT

Moderate amount of acellular ascites present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Renal disease
- Pancreatitis
- Ascites
- Mesenteric inflammation

Secondary Findings

- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the renal disease would be bacterial nephritis, hypertensive nephropathy, chronic kidney disease and for the right kidney, lymphoma.

Etiologies for the ascites and mesenteric inflammation would be sterile peritonitis, bacterial peritonitis and abdominal carcinomatosis.

Further assessment would be urinalysis, urine culture, blood pressure, survey thoracic radiographs, serum biochemistry and analysis of the acidic fluid.

Specific therapy would be dependent on an etiological diagnosis.





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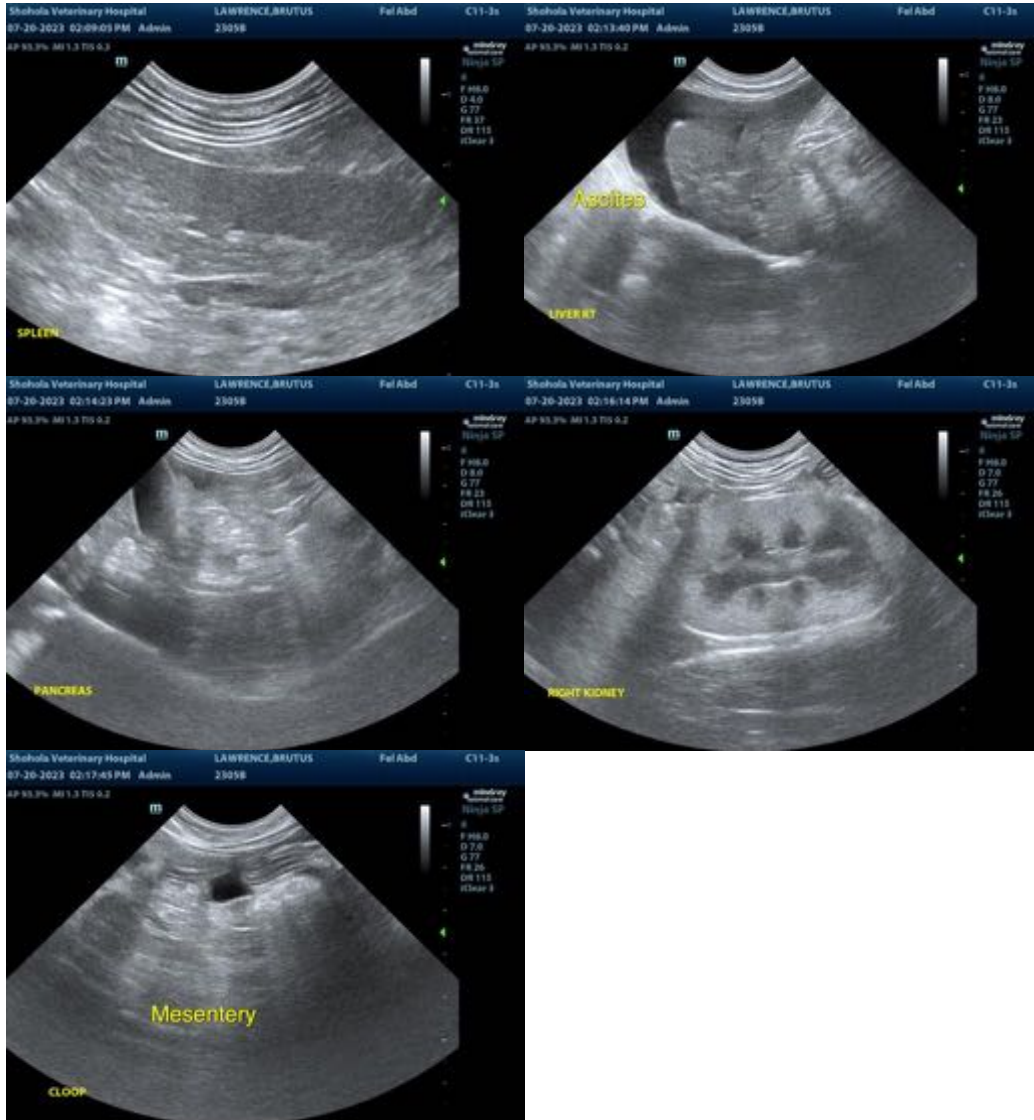
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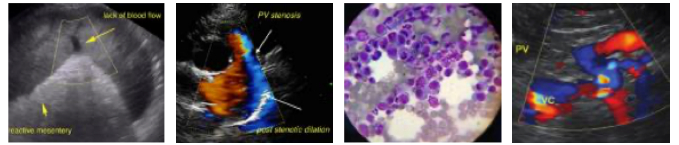
7.20.23



The information and recommendations provided are based on the images presented by the referring veterinarian. 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)
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