



PATIENT

Elwood Balzer

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

5.86 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Hawkins AH

REFERRING VET

Dr. Hawkins

INVOICE

69141

DATE

11/27/25

PRESENTING CLINICAL SIGNS

History: Acute onset renal failure. Very robust cat who came in for oral exam because halitosis and drooling and bloodwork revealed dramatic increase in renal parameters and Phos. Indoor cat and no flowers in the house. On xray the left kidney m1 enlarged and round with density in pelvis and right is too small. Current Medications On IV fluids in clinic

Abnormal PE/Chem/CBC/UA Results: See attached BW and rads

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.

Enlarged left kidney (4.9 cm) and normal sized right kidney (4.0 cm) with increased echogenic appearance, some loss of corticomedullary differentiation, pyelectasia and irregular curvilinear capsule. No infarcts, mineralization or renoliths are 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. Left adrenal gland measured 0.64 cm in length x 0.5 cm in width. The right adrenal gland measured 0.54 cm in length x 0.46 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.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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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.

A moderate amount of falciform fat was present.

A hyperechogenic mass like structure was noted in the caudal abdomen measuring 2.6 cm in width.

ULTRASONOGRAPHIC FINDINGS

- Renal disease.
- Abdominal mass?

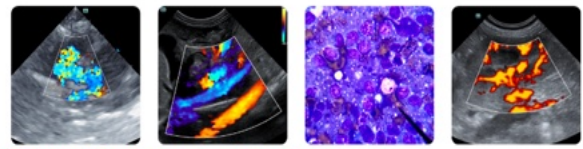
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the renal disease would be acute kidney injury, hypertensive nephropathy, bacterial nephritis, pyelonephritis and previous obstructive uropathy.

Although the appearance of the caudal abdominal mass is most likely fat as it has the same echogenic appearance as the falciform fat, a granuloma or neoplasia would be a less likely differential diagnosis.

Further assessment would be urinalysis, urine culture, UPC (if culture and sediment are negative) and blood pressure. PCR for Leptospirosis and FNA cytology of the caudal abdominal mass like structure could also be considered.

Specific therapy would be dependent on an etiological diagnosis. Initial management would be to continue with the current fluid therapy.



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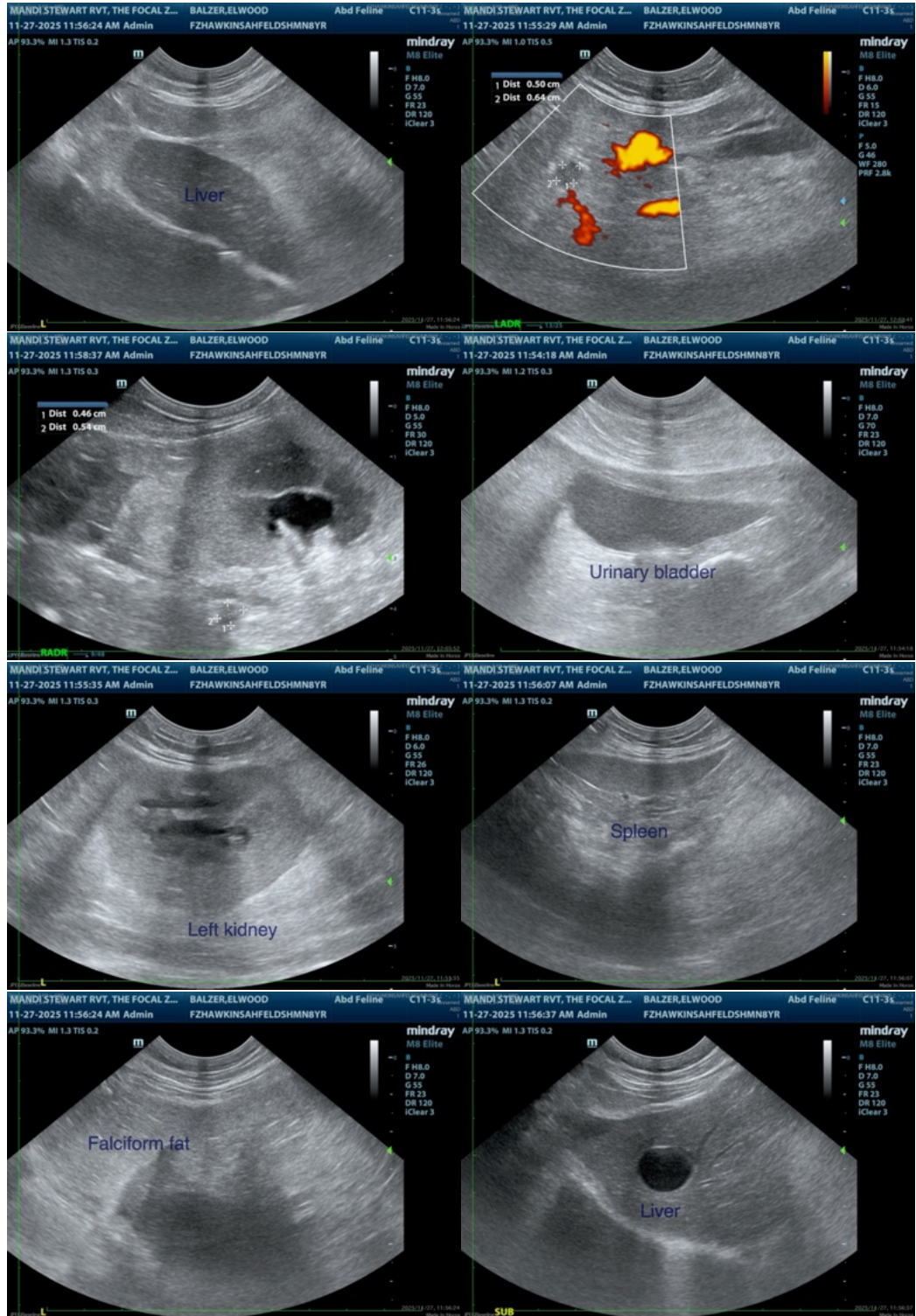
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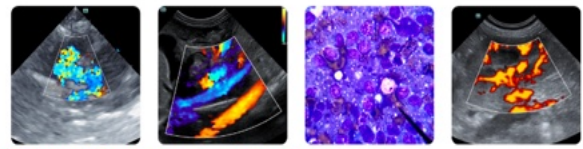
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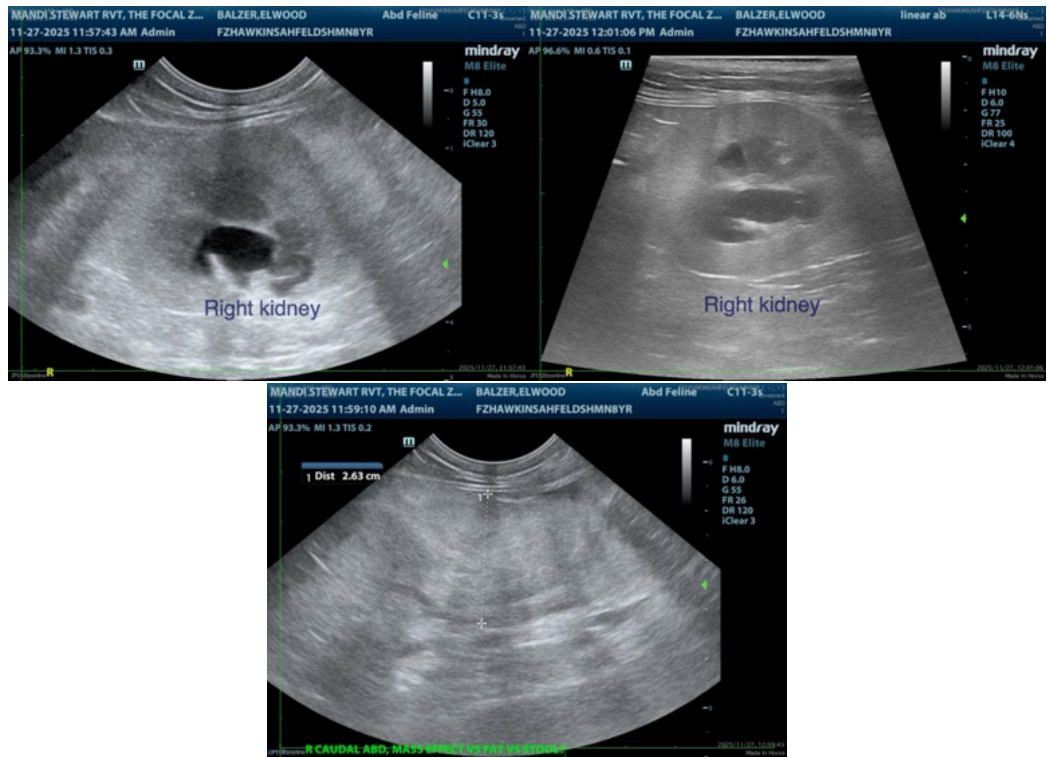
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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