



## PATIENT

Stink. Alman

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

5 years

## WEIGHT

88.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

Smithfield AH

## REFERRING VET

Dr. Boe

## INVOICE

69526

## DATE

12/11/25

## PRESENTING CLINICAL SIGNS

History: Eval. kidneys for sudden onset kidney dz. QAR, severe dental dz.  
Abnormal PE/Chem/CBC/UA Results: SDMA 42; Cre 12.3; BUN >130; Phos 11.7; TP 9.6; Glob 6.2

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is small 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.

The left kidney is small with a normal echogenic appearance, complete loss of corticomedullary differentiation, pyelectasia and irregular capsule. No infarcts or renoliths are evident. Pinpoint mineralization is present. Poor color flow pattern is evident. The left kidney measured 2.0 cm in size. The right kidney is normal in size measuring 4.4 cm with normal echogenic appearance, some loss of corticomedullary differentiation, pyelectasia and irregular curvilinear capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident.

### *Adrenal Glands*

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.39 cm in width. The right adrenal gland was not visualized.

### *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.

### *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.

## **ULTRASONOGRAPHIC FINDINGS**

- Renal disease.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the left kidney would be previous obstructive uropathy, bacterial nephritis, pyelonephritis or a congenital anomaly.

Etiologies for the right kidney would be acute on chronic kidney disease, pyelonephritis and hypertensive nephropathy.

Further assessment would be urinalysis, urine culture, UPC and blood pressure.

Initial management would be fluid therapy, correction of any electrolyte anomalies, feeding a renal specific diet and the use of either an ace inhibitor or receptor blocker.



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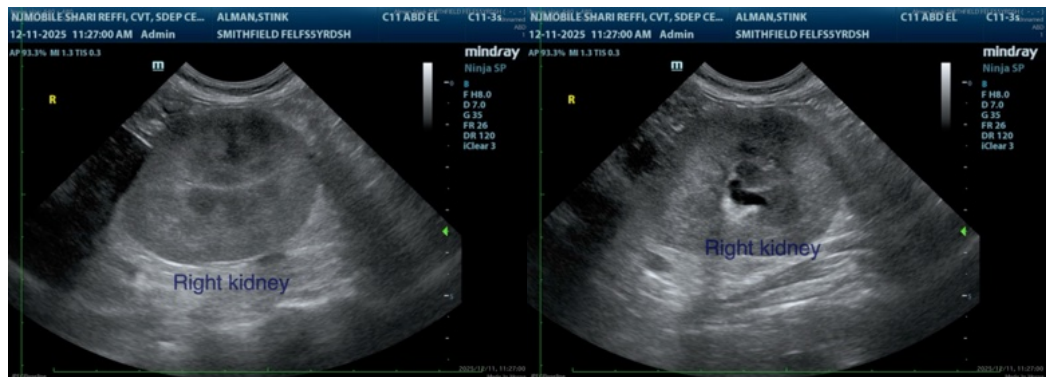
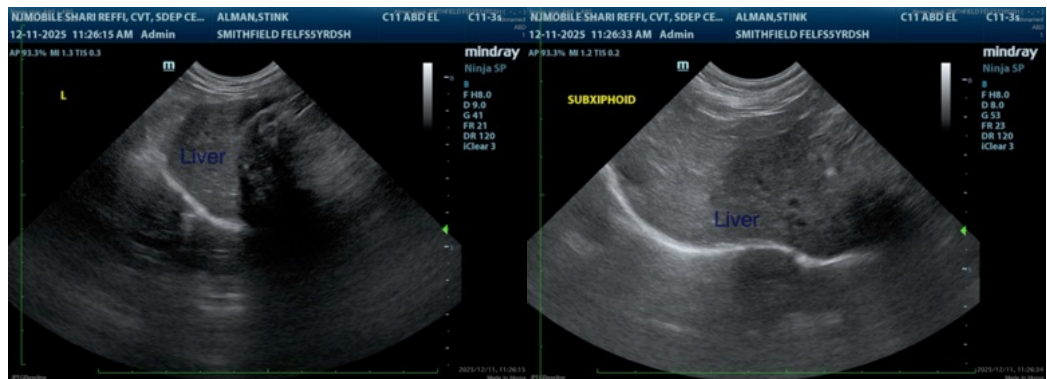
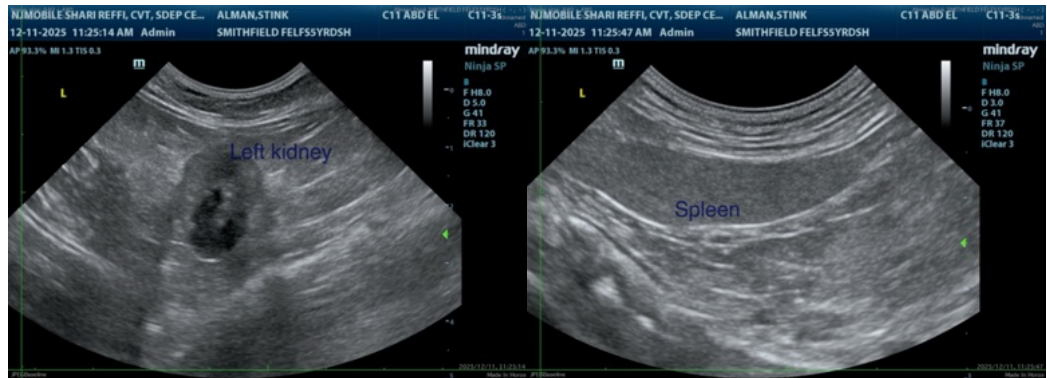
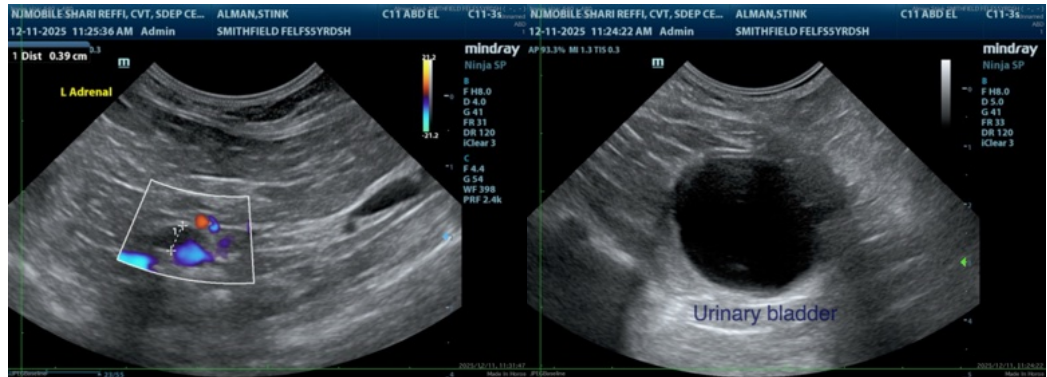
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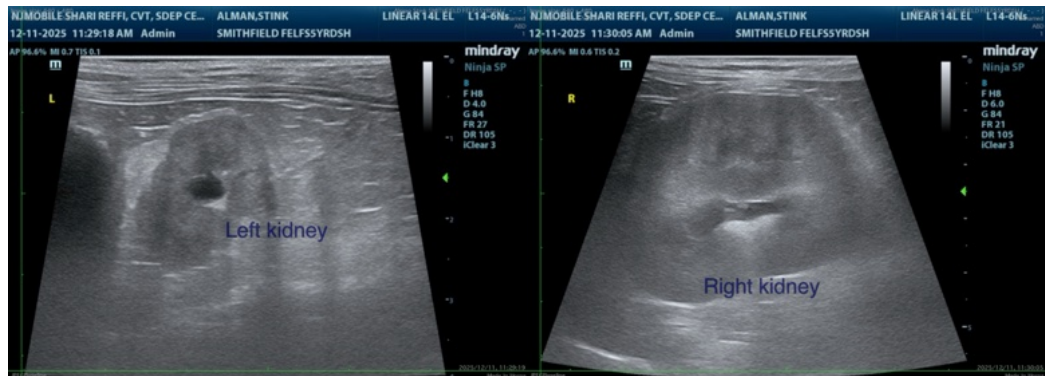
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)