



PATIENT

D Park

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

15 years

WEIGHT

6.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Animal Paradise
 Hospital

REFERRING VET

Dr. ElShafie

INVOICE

69730

DATE

12/31/25

PRESENTING CLINICAL SIGNS

History: Investigate WT loss, hx kidney issues and bloody stool. P is underweight, fecal w/ giardia neg.

10/21/25 CBC wnl AMY-1266 Gluc-278 K+3 Chol-245 T4-3.8

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.

Normal renal size (left measured 3.5 cm, right measured 3.6 cm), increased echogenic appearance, loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Bilateral corticomedullary rim sign is present.

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 0.35 cm in width. The right adrenal gland was not visualized, but appears to be of normal shape, echogenic appearance and size.

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 0.5 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 small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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Gastrointestinal

Normal appearance of the stomach, duodenum, 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. Normal thickness of the small intestine (up to 0.27 cm) with no loss of layering, but with an increase in the muscularis to mucosa ratio, normal 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

- Enteropathy.
- Renal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be dietary hypersensitivity, inflammatory bowel disease and possibly lymphoma.

The appearance of the kidneys is consistent with chronic kidney disease although the corticomedullary rim sign is most likely associated with the chronic renal changes, it can be associated with granulomatous disease such as FIP, lymphoma and bacterial nephritis.

Further assessment of the kidneys would be urinalysis, possibly urine culture, UPC and blood pressure (if not already done).

Further assessment of the enteropathy would be cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

Although the hyperglycemia is most likely a stress related response diabetes mellitus should still be considered and followed up with fructosamine assay.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the renal disease would be feeding a renal diet, enteric phosphate binders as needed and either an ace inhibitor or receptor blocker.



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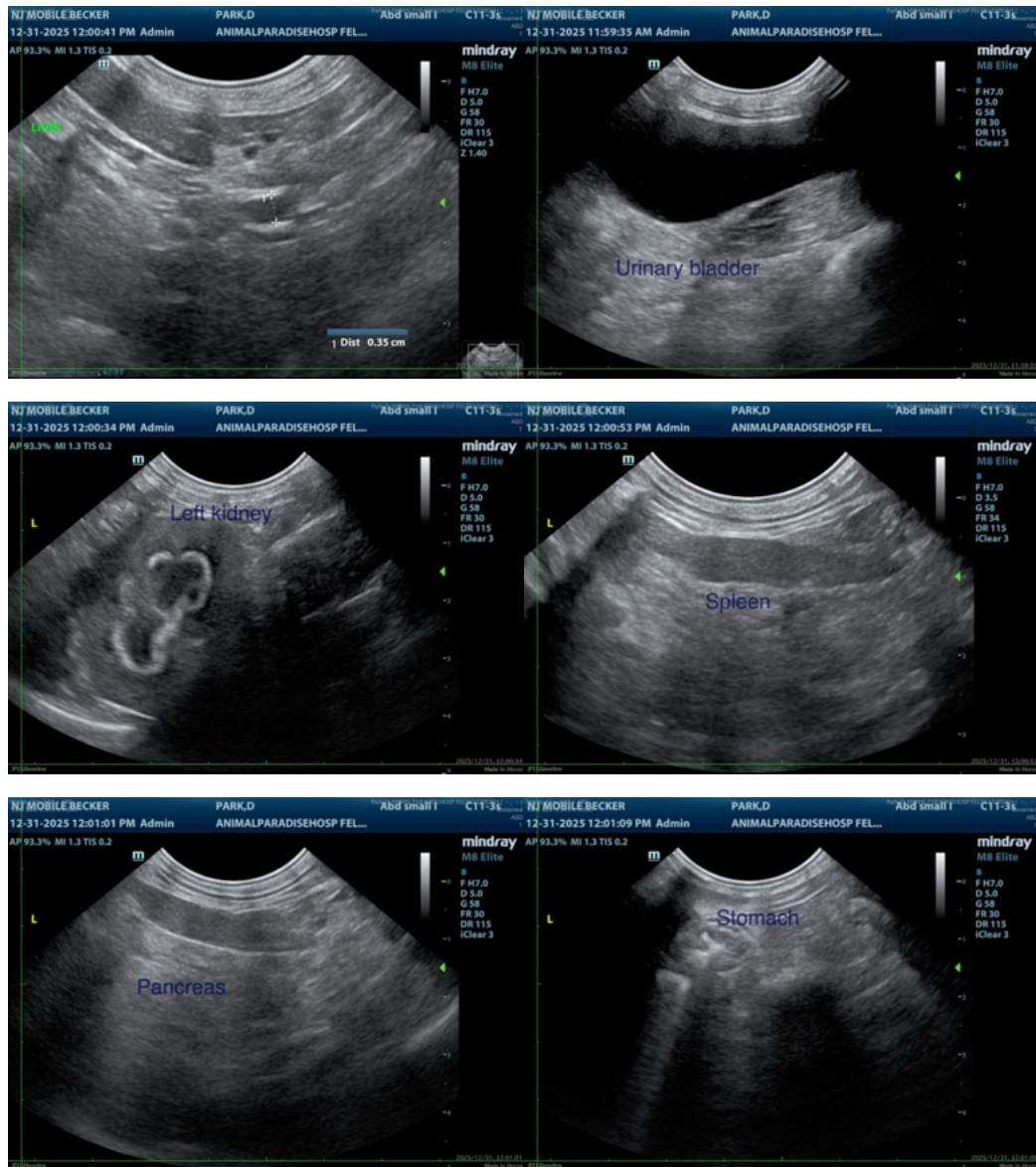
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Symptomatic management of the enteropathy would be feeding small frequent meals of a novel protein/hypoallergenic diet, cobalamin supplementation and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.





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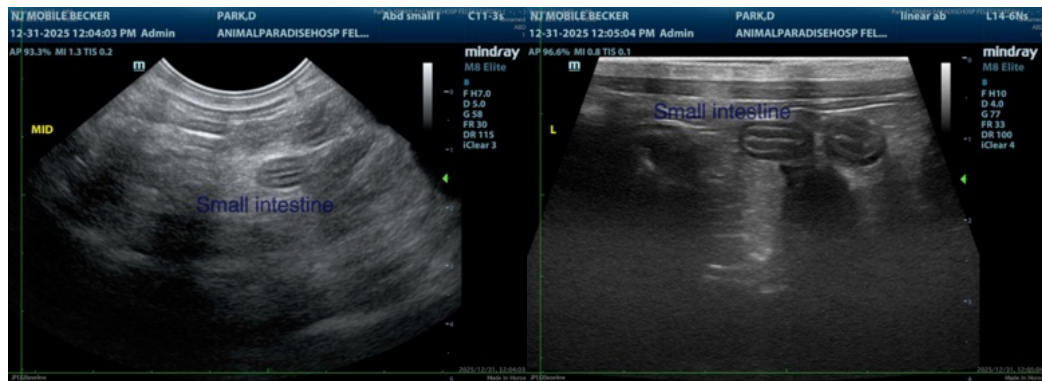
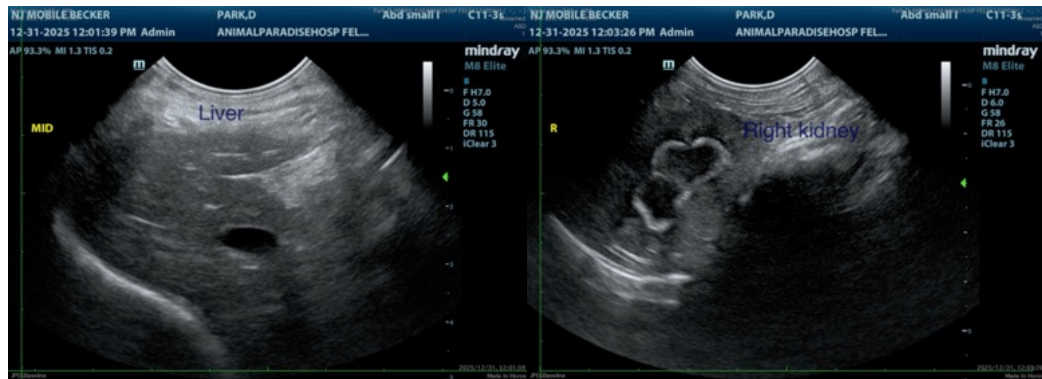
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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