



## PATIENT

Mickey Solis

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

10 years

## WEIGHT

4.5 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

Creatures Comfort VS

## REFERRING VET

Dr. Mary VanHorn

## INVOICE

78083

## DATE

5/28/26

## PRESENTING CLINICAL SIGNS

History: Neurogenic bladder, painful proximal tail swelling, not defecating. Walking gingerly w / swollen kinked painful dorsal tail on 4/23-presented 5/21 not urinating and not defecating x 2 days w / huge bladder-expressed w/some difficulty-U-cath passed easily on closed collection system until Tues am-tail flaccid day later. Current Meds: Convenia given 5/25, Gabapentin 30mg q12 (Dexdomitor/Torb sedation for scan) BCS 3-4/9

Neutropenia 3-32; K+ 3.6; 5 days of indwelling catheter led to hematuria and UTI. UA: 5/21-wnl; 5/26-UTI, wbc 17/hpf; RBC >50/hpf, USG: 1.-41; 1.037

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Two enlarged iliac lymph nodes measuring 0.7 x 2.2 cm in size with a hypoechogenic appearance and a slightly rounded shape. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.4 cm, right measured 3.7 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.43 cm in width. The right adrenal gland measured 0.37 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 1.0 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.

## ***Tail Base***

Mottled echogenic appearance of the tissues within the tail base with a normal vascular pattern evident.

## **ULTRASONOGRAPHIC FINDINGS**

- Urinary bladder sediment.
- Iliac lymphadenomegaly.
- Tail based pathology.

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

The most likely etiology for the urinary bladder sediment would be hematuria and bacterial cystitis as per the patient's history.

Etiologies for the iliac lymphadenomegaly would be reactive hyperplasia, lymphadenitis with infiltrative neoplasia a less likely differential diagnosis.

Etiologies for the appearance of the tail base would be edema and cellulitis.

Further assessment that could be considered would be FNA cytology of the tail base and iliac lymph node. MRI scan of the lower lumbosacral junction and tail would also be considered.



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Further specific therapy would be dependent on an etiological diagnosis.

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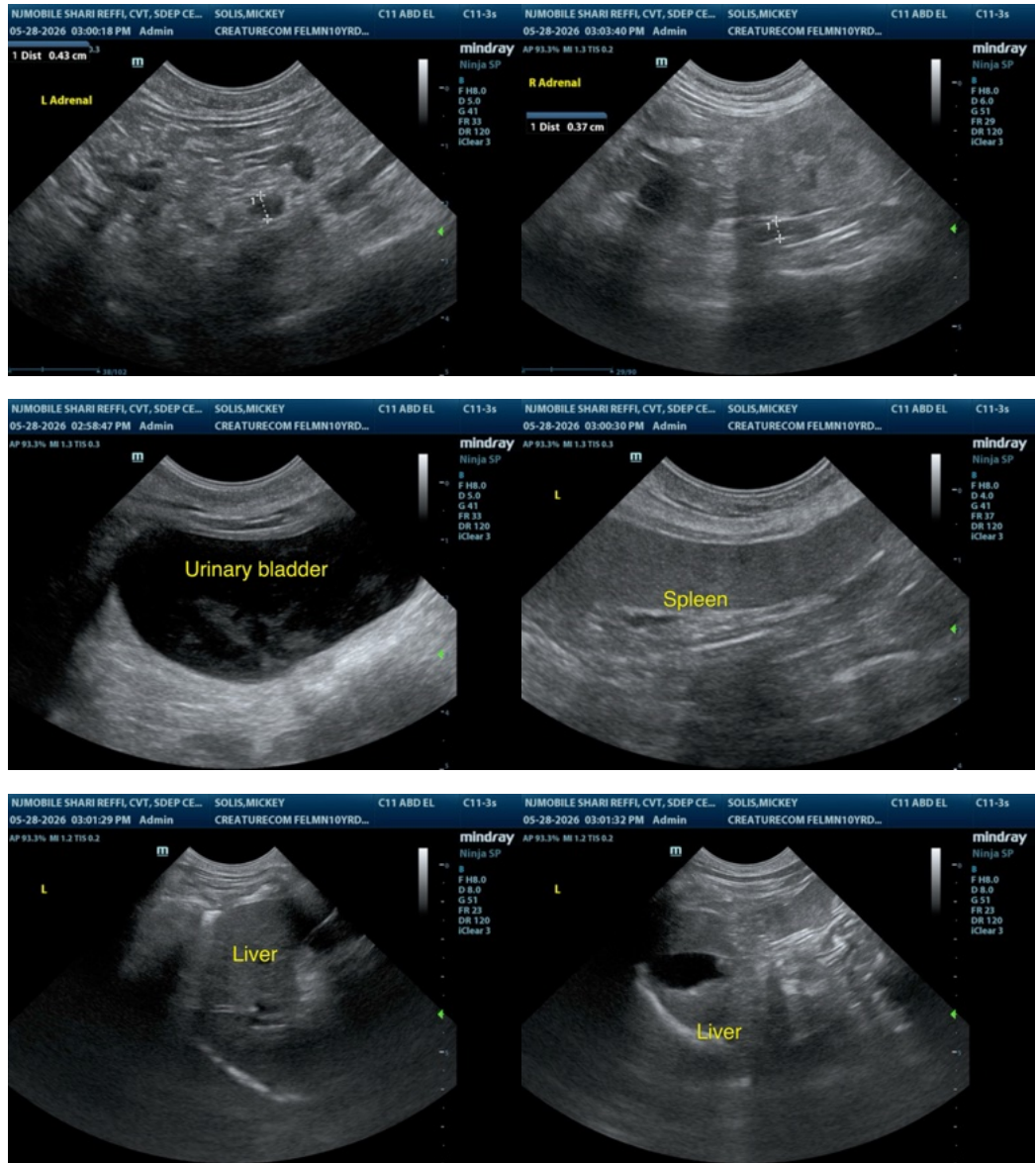
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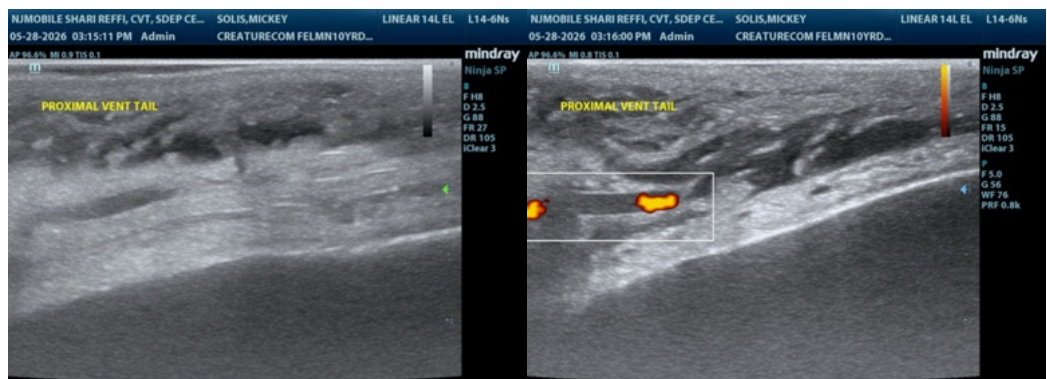
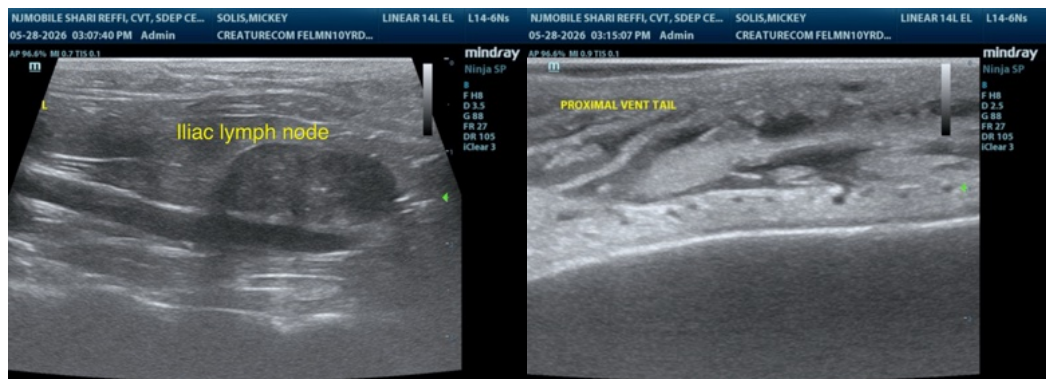
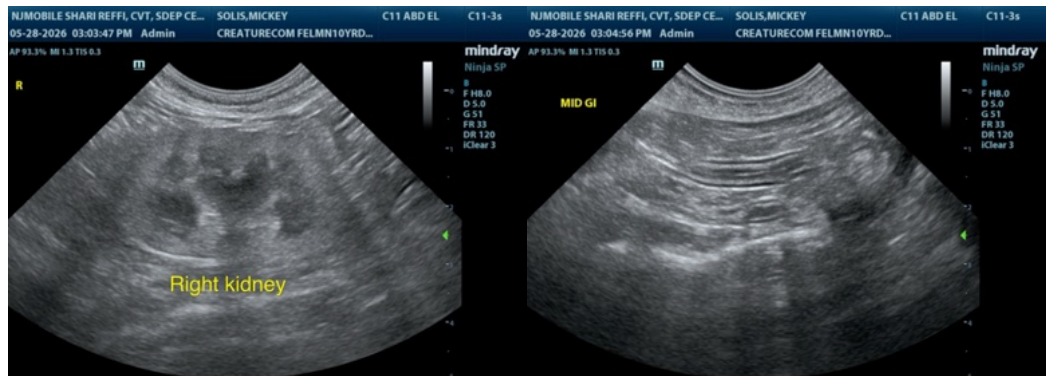
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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