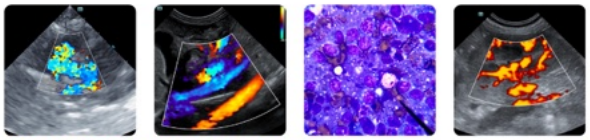


PATIENT

Teddy Gartrell

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

14.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York VS

REFERRING VET

Dr. Buck

INVOICE

70188

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Vomiting almost daily. Patient improved after being treated for pancreatitis but is now vomiting more often than prior to treatment. History from owner Teddy has lost a couple of pounds over the last few months. The vomiting started in the last few months; he has not historically been a vomiter or a picky eater, so change in appetite is a concern. His stool in the litterbox looks regular. He is currently eating IAMS urinary tract dry food and SHEBA portions wet food. He has a history of urinary issues, including a blockage at one point. He has never been on a hypoallergenic diet. MEDICATIONS: Prednisolone 5mg 1/2 T PO q48h (for asthma) Treatment 1 month ago Gabapentin, Miritaz, Enrofloxacin and Metronidazole (for pancreatitis)
Abnormal PE/Chem/CBC/UA Results: Lipase 4704U/L Neutrophilia 15K/uL Glob 5.2g/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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 4.3 cm, right measured 4.2 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. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

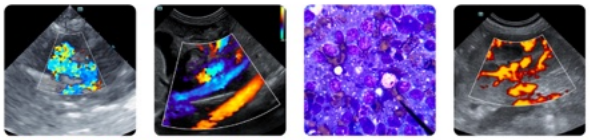
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.27 cm in width. The right adrenal gland measured 0.51 cm in width.

Spleen

The spleen was diffusely enlarged and measured up to 1.1 cm in width maintaining a normal 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.



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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 pancreas is enlarged with a hypoechogenic and nodular appearance with an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas. A parenchymal cyst measuring 1.0 x 2.0 cm in size is present in the right lobe.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Nodular pancreatitis.
- Pancreatic cyst.
- Splenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the appearance of the pancreas may merely be a reflection of acute pancreatitis with secondary pseudocyst formation, neoplasia is an important differential diagnosis.

The most likely etiology for the splenomegaly would be reactive hyperplasia secondary to the pancreatitis with splenitis and infiltrative neoplasia a less likely differential diagnosis.

Further assessment would be FNA cytology of the pancreas and spleen. Drainage of the pseudocyst can also be considered with the fluid submitted for cytology and culture.

Further specific therapy would be dependent on an etiological diagnosis.

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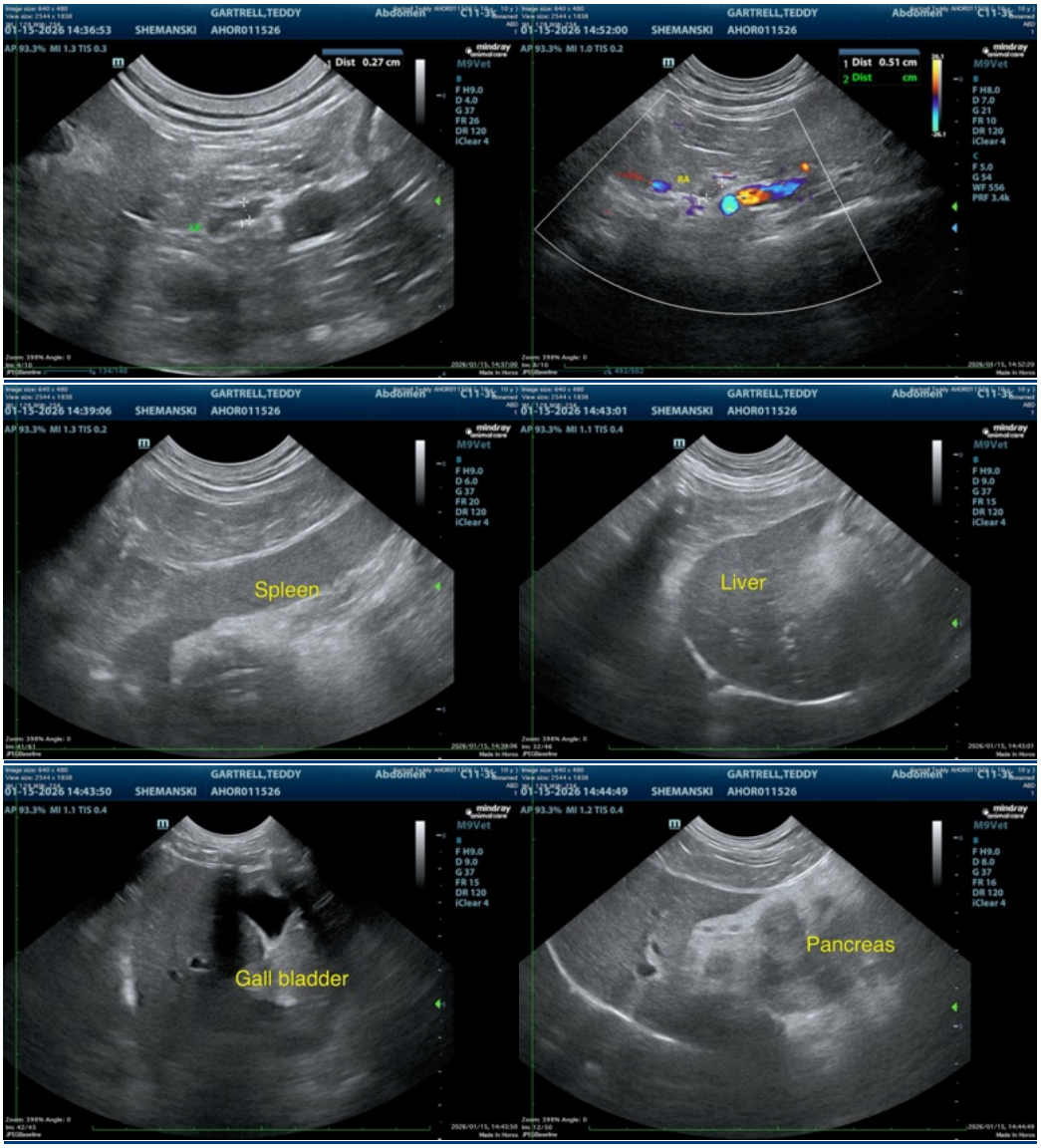

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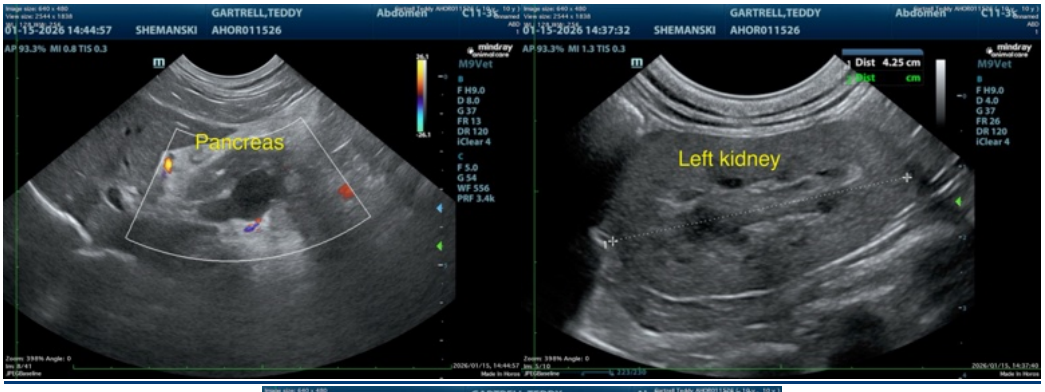

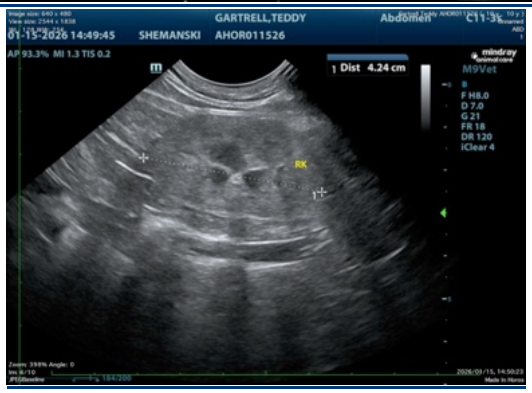

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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