



PATIENT

Zucca Von Scheele

SPECIES

Feline

BREED

Norwegian Forest Cat

SEX

Feline

AGE

7 years

WEIGHT

11.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Busby

INVOICE

70328

DATE

1/20/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Abdominal mass. Concern for GI or Intestinal ulcers.
- CLINICAL SIGNS: vomiting and significant weight loss
- MEDICATIONS: Febendazole, Depo-medrol, Cerenia 8mg SID, Mirtazapine 1.8-3.75mg q3D
- Reticulocytes: 411,000/uL - Hematocrit: 24.5% - Platelets: 526,000/uL - Anisocytosis, likely from the regenerative anemia - Glucose: 180 mg/dL - Catalyst Pancreatic Lipase: 37.8 U/L (Normal 0-4.4) - Urine Specific Gravity: 1.045 - Urine Sediment: Suspect presence of cocci bacteria. Red cells 1/hpf. White cells <1/hpf.

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.

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 4.0 cm, right measured 4.0), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The kidneys had a normal color flow pattern.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.38 cm in width. The right adrenal gland measured 0.3 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 0.7 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 was double and small in size and contained 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, 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. A large, irregular, hypoechogenic mass on a loop of small intestine measuring 4.0 x 4.0 cm in size with no luminal obstruction. FNA was taken of the mass. A moderate amount of ingesta is present in the stomach compatible with either a recent meal or gastric hypomotility.

Pancreas

The pancreas was enlarged (left 1.2 cm in width) with a hypoechogenic appearance and irregular capsule. There was a mild increase in the echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

A scant amount of ascites present.

ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass.
- Pancreatitis.
- Ascites.
- Double gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the intestinal mass would be neoplasia with granuloma a less likely differential diagnosis.

The appearance of the pancreas is consistent with acute pancreatitis.

The ascites can be ascribed as secondary to either the pancreatitis or the small intestinal mass.

The double gallbladder can be considered an incidental congenital anomaly.

Further assessment would be based on the pending cytology results, but could include three view thoracic radiographs.



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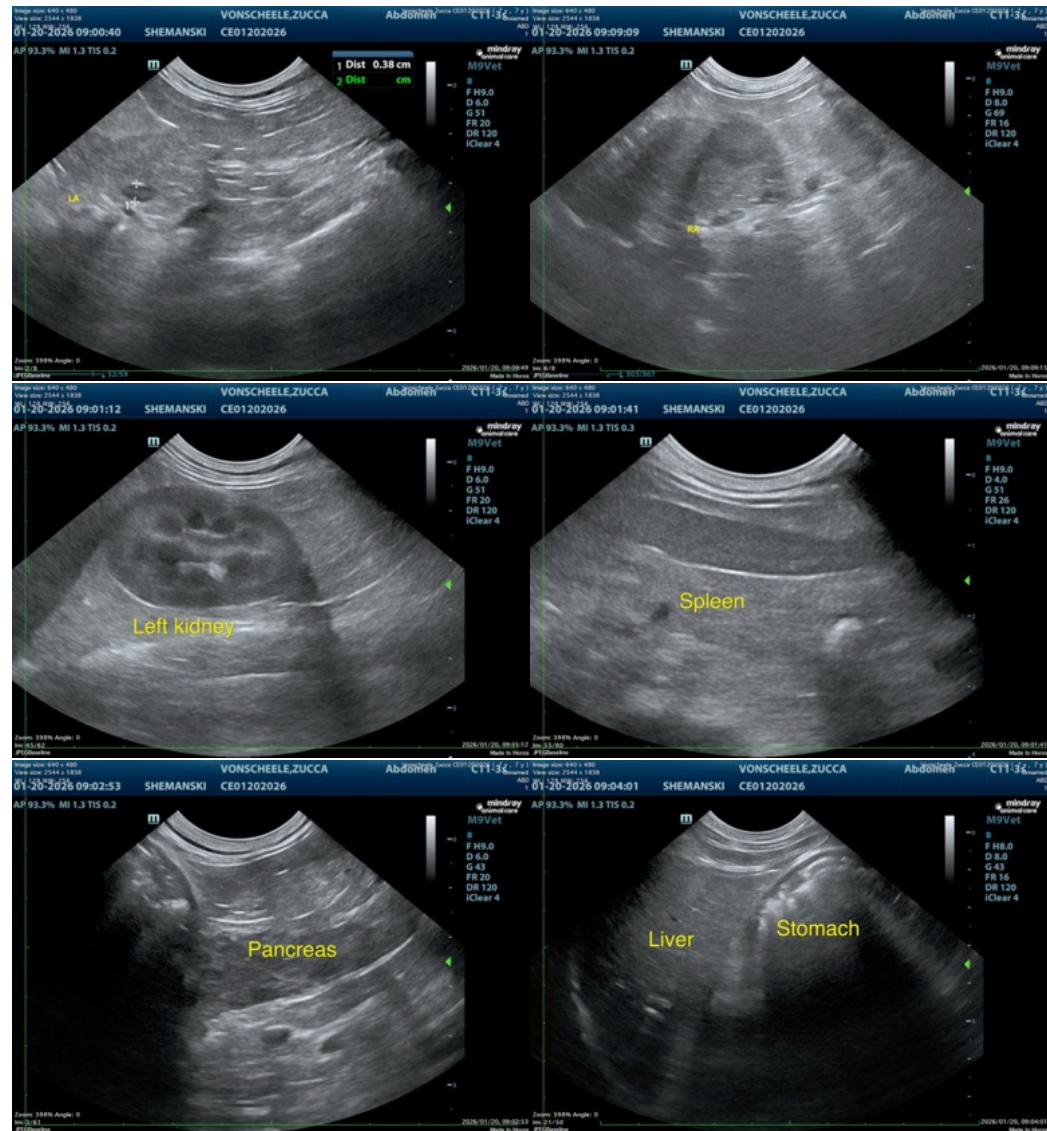
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Laparotomy should be considered as it could be both diagnostic and therapeutic, but only once the pancreatitis has been resolved.

Management of the pancreatitis would be fluid therapy as needed, correction of any electrolyte anomalies, antiemetics, analgesics and feeding small frequent meals of a low-fat intestinal type diet.





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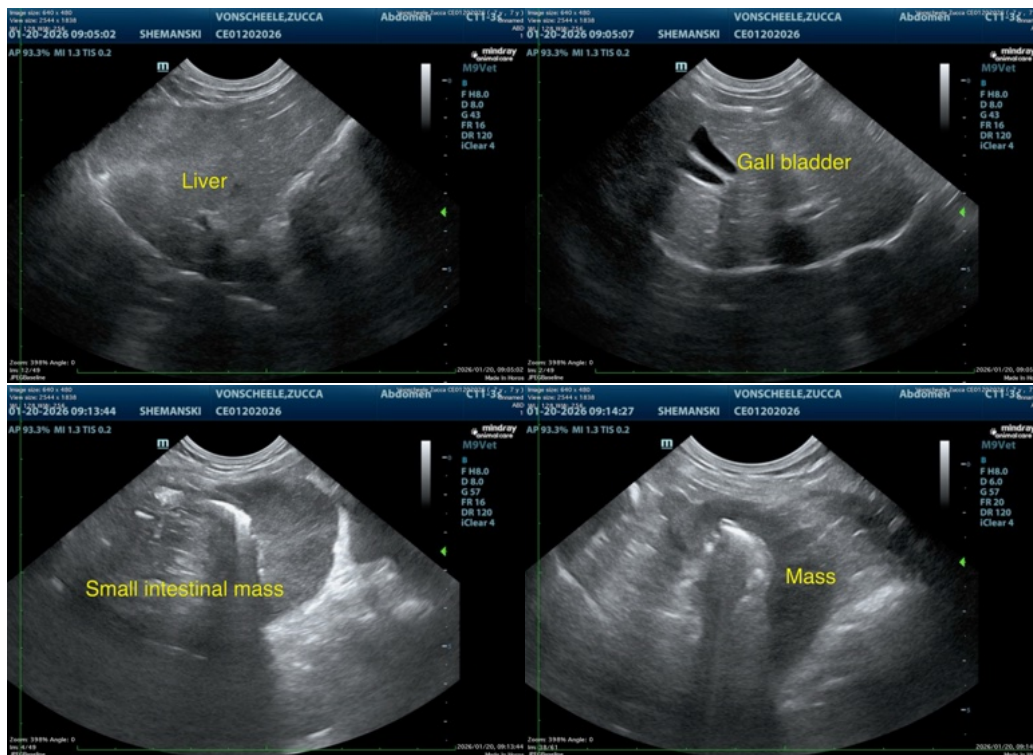
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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