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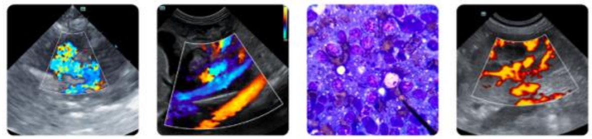


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Archie Manna

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

8.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Mostoller

INVOICE

12194

DATE

11/11/25

PRESENTING CLINICAL SIGNS

P was seen here on 11/6 for not eating. While here we did FBW and rads which O said were unremarkable other than possible pancreatitis so sent home with Cerenia and Mirataz. P hasn't really wanted to eat and O has been offering a buffet of different things. They have also been syringe feeding him baby food which has been going well per O. P did have a normal BM yesterday AM but then ever since 5pm has had nothing but D+ every hour. O says that P seems to want to eat but when he does try and eat food just falls out of mouth and P has never had a dental or anything like that. P is being lethargic and can't seem to rest since yesterday. Previous Health Concerns: urinary block in Sept. and seasonal allergies

Current Medications: Cerenia and Mirataz

Abnormal PE/Chem/CBC/UA Results: 11/6/25: CBC- NR EPOC- NR Chem- amylase 1724 3 view radiographs: Mild hepatomegaly, small, rounded kidneys, full urinary bladder. Empty mild-filled stomach, loops of small intestine full of fluid/gas - 1 population of bowel. Small formed feces in colon. Bloodwork: today- ProBNP- 59.4(N) (was abnormal 9/25- 193.8- when FLUTD)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and smooth appearance of the wall. Scant amount of hyperechogenic sediment was present. 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, 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 was evident in both kidneys. The left kidney measured 4.8 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.42 cm in width. The right adrenal gland measured 0.59 cm in width.

Spleen

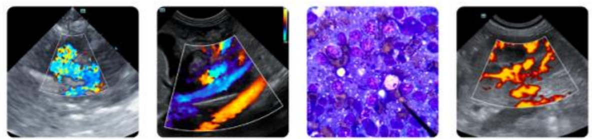
The spleen was mildly enlarged, but maintained a normal echogenic appearance, a smooth homogenous parenchyma and a regular curvilinear capsule. The spleen measured 1.1 cm in width.

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

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, 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. Small amount of fluid accumulation in loops of the small intestine.

Pancreas

Normal size, with a hyperechogenic appearance and an irregular capsule. Hypoechogenic parenchymal nodule in the right lobe measuring approximately 0.50 cm x 1.1 cm in size. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

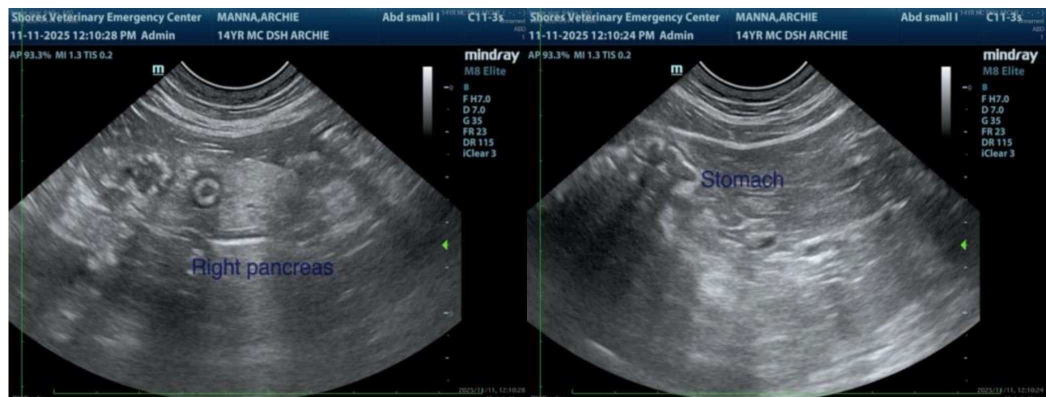
- Splenomegaly.
- Chronic pancreatitis versus pancreatic fibrosis.
- Pancreatic nodule.

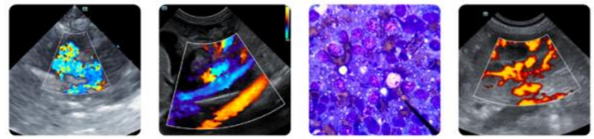
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenomegaly would be reactive hyperplasia with infiltrative neoplasia and splenitis, unlikely differential diagnoses. Etiologies for the pancreatic nodule would be reactive hyperplasia, granuloma and neoplasia.

Further assessment would be fPL/PSL assay and FNA cytology of the spleen. With the presenting clinical signs, intrathoracic pathology and neurological disease should still be considered with further assessment being survey thoracic radiographs and full neurological examination.

Specific therapy would be dependent on an etiological diagnosis.





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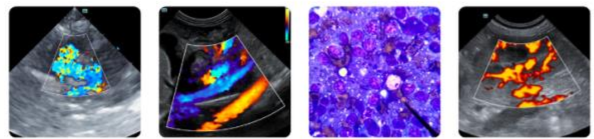

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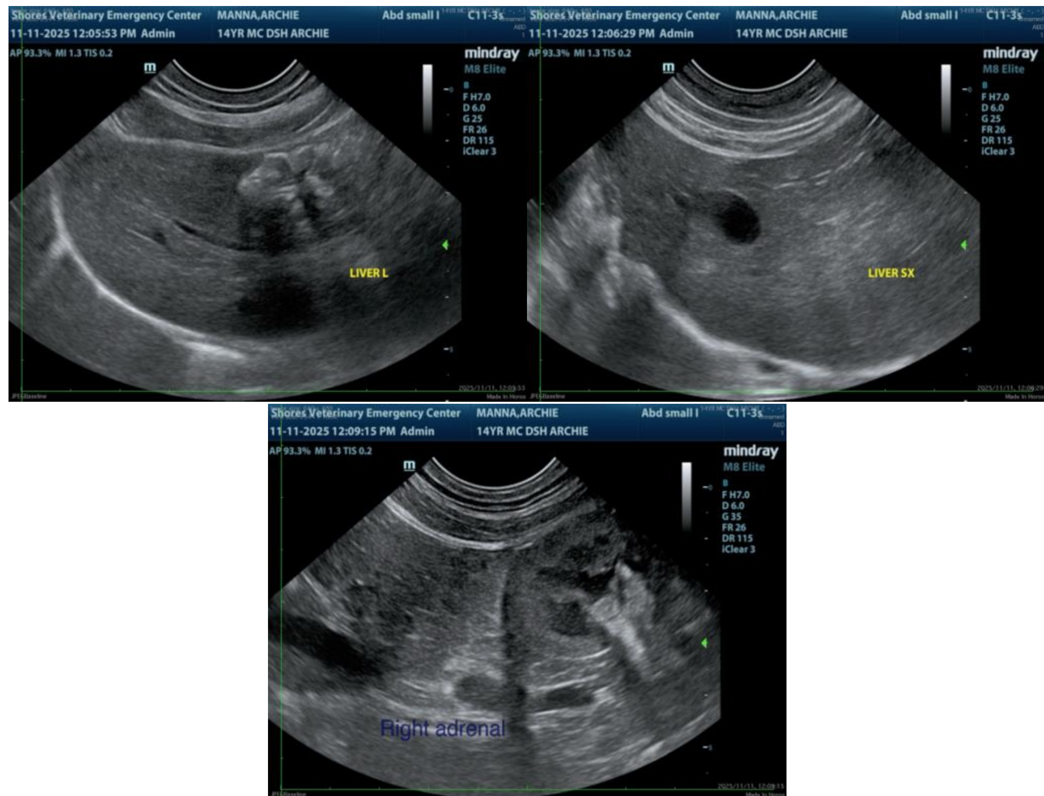

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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