



PATIENT

Scarlett Jacoway

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

7 years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Hession

HOSPITAL NAME

Rawls VH

REFERRING VET

Dr. Henderson

INVOICE

68888

DATE

11/20/25

PRESENTING CLINICAL SIGNS

History: P presented earlier this week with a fever and decreased appetite. P is indoor/outdoor. Concern for bile duct obstruction; P ate Monday morning and then did not eat again until last night, currently on iv fluids, Convenia and Cerenia. P has not received steroids recently.
Abnormal PE/Chem/CBC/UA Results: Bili: 3.5 fPL: 23.4

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 (0.4 cm), 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 4.1 cm, right measured 3.9 cm), with normal echogenic appearance, with some loss of cortico-medullary differentiation, normal 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 0.33 cm in width. The right adrenal gland measured 0.39 cm and 0.41 cm in width.

Spleen

The spleen is enlarged but maintained 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. The spleen measured 1.1 cm in width.

Liver

Normal size with diffuse increased echogenic appearance, normal 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 small containing a small amount of non-adhered, hyperechogenic sediment. Thickened and hyperechogenic appearance of the wall was noted. There was normal size and appearance of the cystic and common bile ducts. The bile duct measured 0.3 cm in diameter.

Gastrointestinal

The stomach had a moderate amount of ingesta. This is compatible with a recent meal. 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. The stomach measured 0.19 cm, duodenum measured 0.25 cm, jejunum measured 0.23 cm, colon measured 0.17 cm.

Pancreas

The pancreas is enlarged with a mottled echogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 1.0 cm in width. The right pancreas measured 0.7 cm in width.

Free Abdomen

Normal mesenteric lymph nodes measuring 0.3 x 1.4 cm.
No ascites evident.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Hepatopathy.
- Previous cholecystitis.
- Splenomegaly.
- Age related renal changes versus early chronic kidney disease.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with acute pancreatitis.



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The most likely etiology for the hepatopathy would be reactive hyperplasia secondary to the pancreatitis with vacuolar and metabolic differential diagnosis and hepatitis and infiltrative neoplasia highly unlikely differential diagnosis.

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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.

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The most likely etiology for the urinary bladder sediment would be either incidental debris or crystalluria with bacterial cystitis an unlikely differential diagnosis.

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Further assessment that can be considered would be FNA cytology of the spleen and liver especially if there is not a satisfactory improvement with the therapy for pancreatitis.

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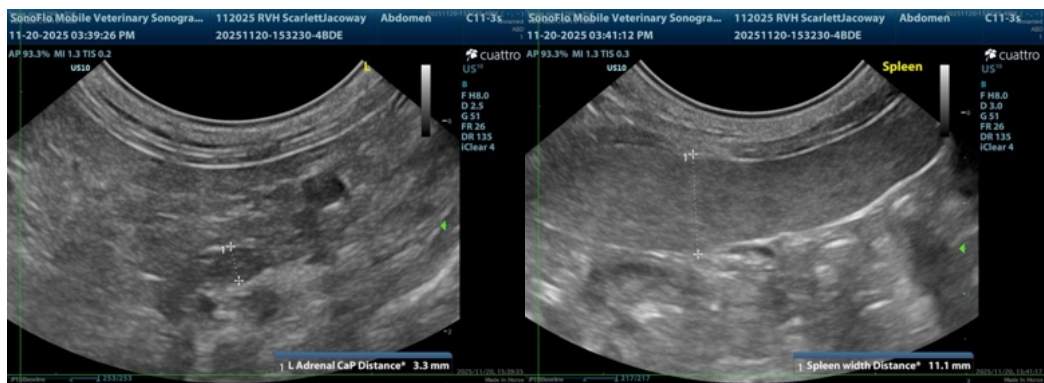
Management would be to continue with the current therapy would be to feed small, frequent meals of a low fat intestinal type diet and the use of opioid analgesics.

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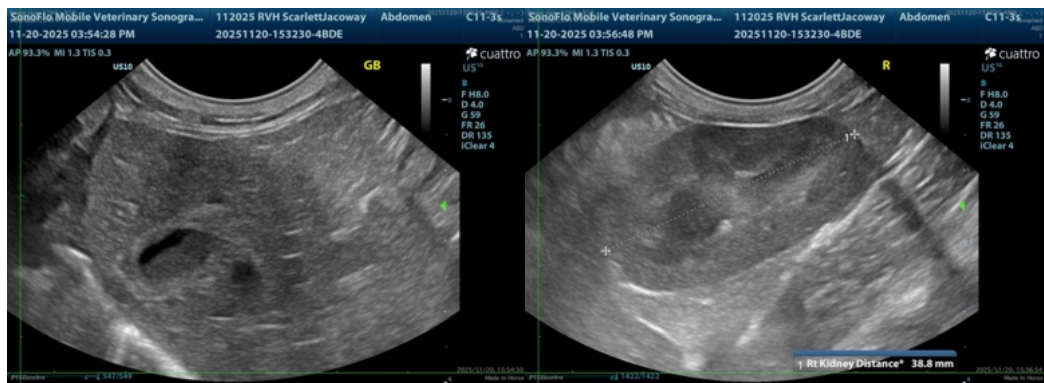
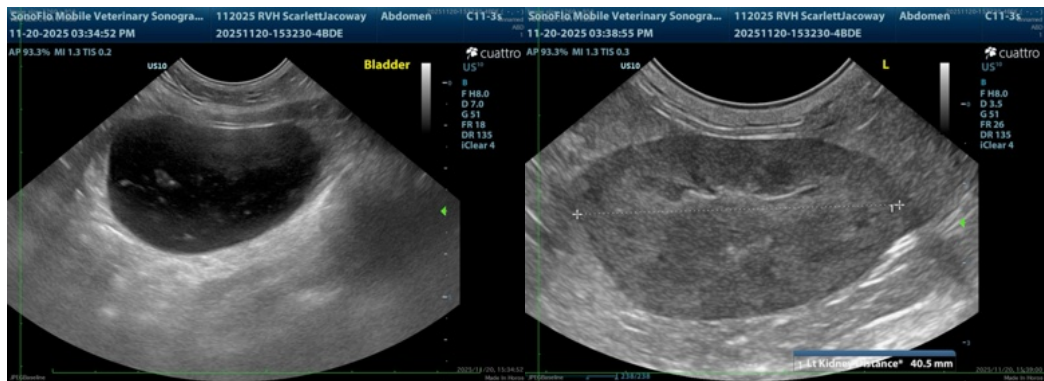
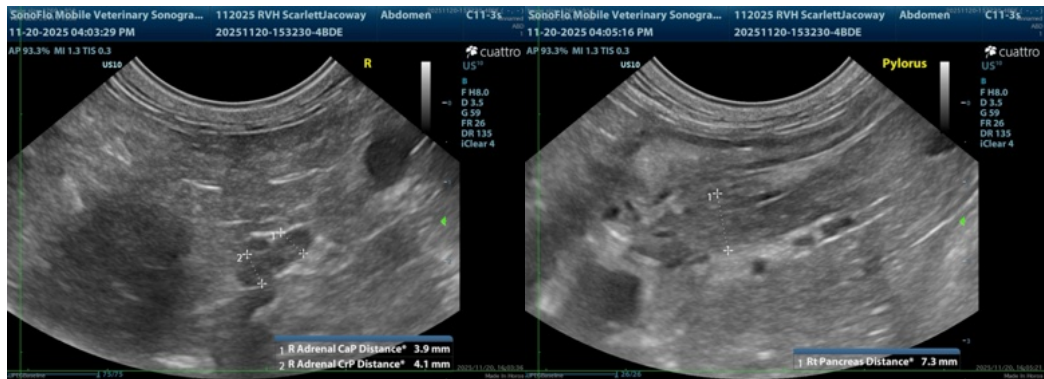
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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