



## PATIENT

Faline Kiefer

## SPECIES

Canine

## BREED

Sheltie

## SEX

Female

## AGE

6 years

## WEIGHT

20 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Danielle Shemanski

## HOSPITAL NAME

Western New York  
Veterinary Services

## REFERRING VET

Dr. Susan Neno

## INVOICE

10807

## DATE

11/21/2025

## PRESENTING CLINICAL SIGNS

HX and RDVM REASON FOR REFERRAL: HX of early mucocele, and stage B2 valvular degeneration. Presents with painful abdomen Recent bloodwork performed at her primary veterinarian showed an elevated white blood cell count and mildly elevated liver enzymes. There has been intermittent vomiting for the past 4 weeks, but this has resolved since starting Metronidazole and Baytril on Wednesday. MEDICATIONS: Baytril 22.7mg 1 BID Metronidazole 100g BID Ursodiol 25g BID Fluoxetine 10mg SID.

Abnormal PE/Chem/CBC/UA Results: Hunched and painful in cranial abdomen Musculoskeletal exam unremarkable.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Small urinary bladder with a focal polyp on the dorsal wall measuring approximately 0.8 cm. The rest of the wall is of normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

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. Left kidney measures 5.1 cm, and the right kidney measures 4.9 cm.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 1.79 cm in length x 0.32 cm and 0.36 cm in width. The right adrenal measures 0.4 cm in width.

### Spleen

Normal size (1.6 cm in width) 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.

### 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.

### Gastrointestinal



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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. There was a moderate amount of gas present within the stomach.

**SPECIES**

Canine

**Pancreas**

Normal size with a hypoechogenic appearance (especially the body of the pancreas) with an irregular capsule and visible pancreatic duct. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**BREED**

Sheltie

**Free Abdomen**

Normal mesenteric lymph nodes.

**SEX**

Female

No ascites evident.

**AGE**

6 years

**Thorax**

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

**ULTRASONOGRAPHIC FINDINGS**

- Pancreatitis.
- Urinary bladder polyp.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

At this point the urinary bladder polyp can be considered an incidental finding, however monitoring would be recommended and if there's any progressive enlargement than BRAF analysis and/or a catheter assisted aspirate/biopsy for cytology/histopathology would then be recommended.

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

**INTERPRETED BY**

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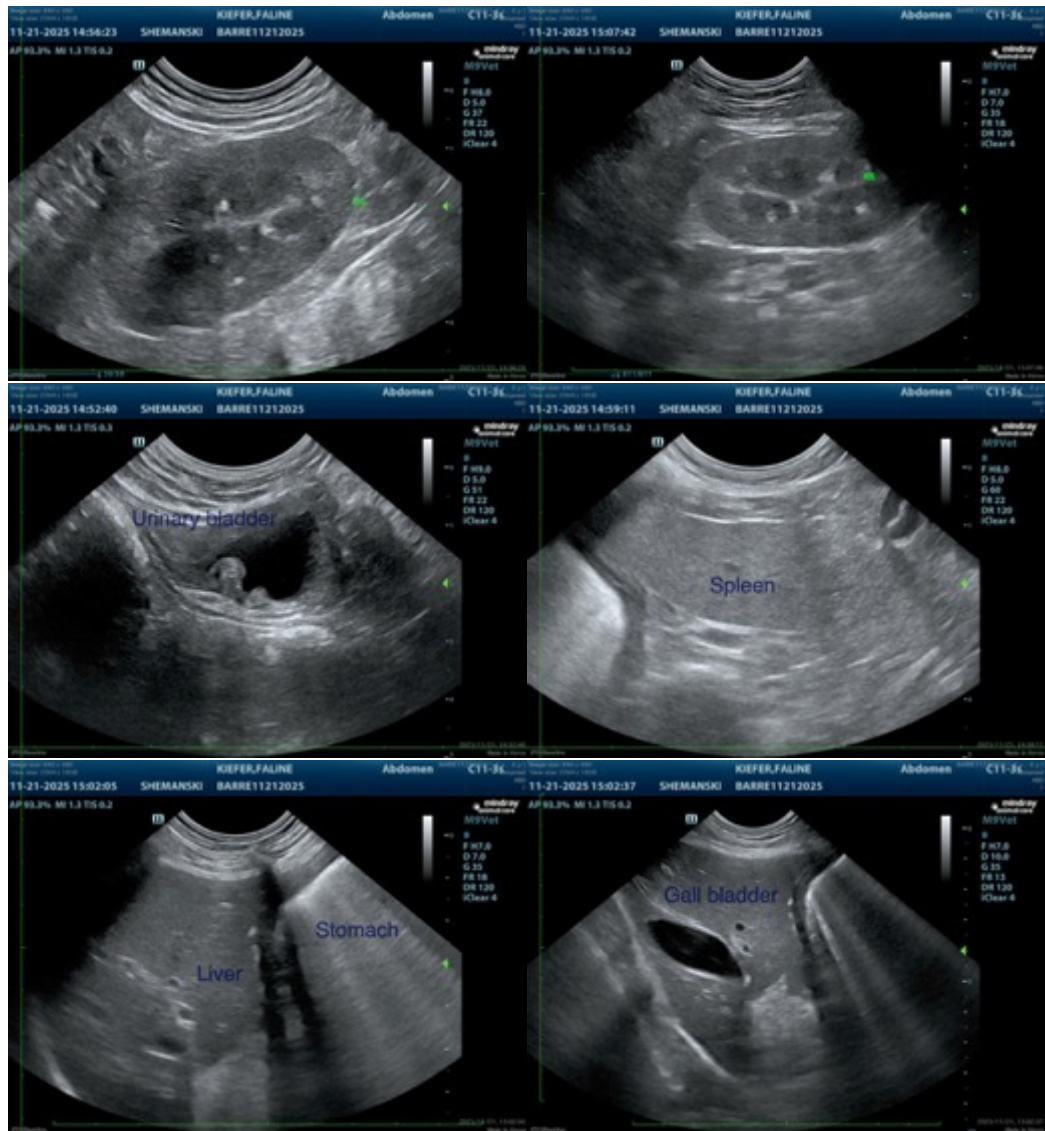
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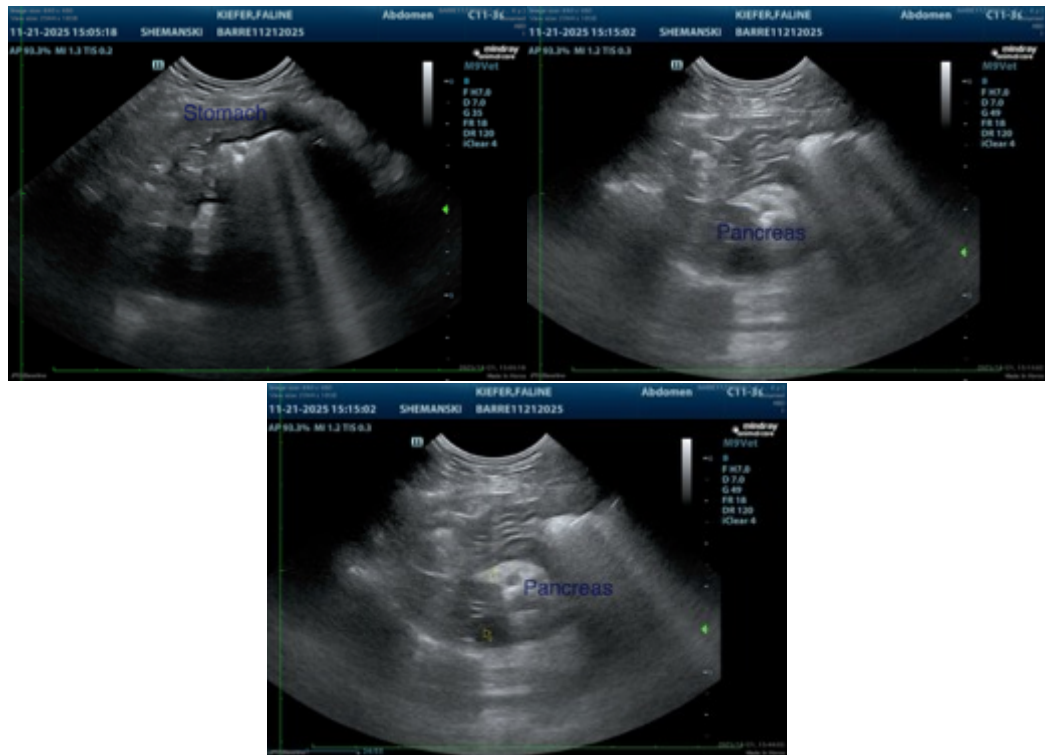
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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