



PATIENT

Calypso Youngers

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

8 years

WEIGHT

7.6 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. Morgan

INVOICE

71461

DATE

2/10/26

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL:

- She's had ongoing diarrhea and negative fecal since November 15, 2025. Significant weight loss.
- Current medications are Orbax liquid, 0.75 mL by mouth, once daily for 14 days. She is also on Visbiome. HA diet
- She's on a hypoallergenic diet (Purina HA for the last 3 weeks).
- Total protein: slightly low, 6.2 g/dL - Albumin: low normal, 2.7 g/dL - ALP: slightly elevated at 81 U/L - Total T4: normal 1.7 ug/dL - Neutrophilia: 37,316/uL - Lymphocytosis: 6,874/uL - Monocytosis: 982/uL - Eosinophilia: 1,473/uL - Unclassified cells: elevated at 2,455/u

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a 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 (left measured 3.8 cm, right measured 3.9 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 0.33 cm in width. The right adrenal gland measured 0.33 cm in width.

Spleen

The spleen revealed a focal, isoechoic mass in the head of the spleen measuring 1.3 cm in size. The rest of the spleen (0.5 cm in width) with a normal echogenic appearance and smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis 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 a moderate amount of adhered, hyperechogenic sediment. 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. Normal thickness of the small intestine (up to 0.3 cm) with no loss of layering, but with an increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen.

Pancreas

The pancreas was enlarged (left pancreas measured 1.0 cm in width) with a hypoechogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Enlarged mesenteric lymph nodes measuring up to 0.6 x 1.0 cm in size with a hypoechogenic appearance, but maintained a normal shape. Hyperechogenic appearance of the mesentery surrounding the lymph nodes.

No ascites evident.

Thorax

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

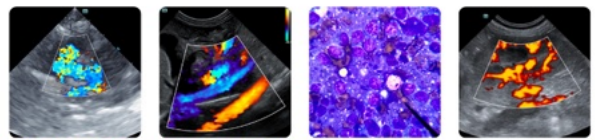
ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Pancreatitis.
- Enteropathy.
- Mesenteric lymphadenomegaly.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenic mass would be emerging neoplasia and possibly reactive hyperplasia.

The appearance of the pancreas is consistent with pancreatitis.



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Etiologies for the enteropathy would be dietary hypersensitivity, inflammatory bowel disease and possibly emerging lymphoma.

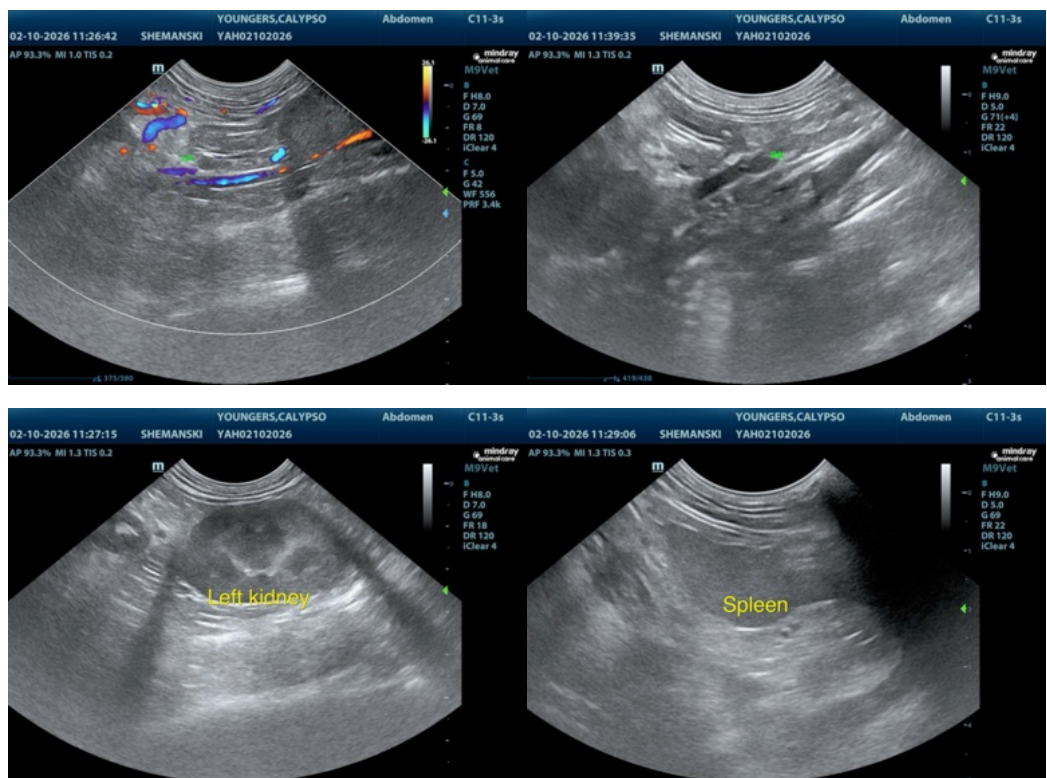
Etiologies for the mesenteric lymphadenomegaly would be reactive hyperplasia, lymphadenitis and infiltrative neoplasia.

The gallbladder sediment can be considered an incidental finding.

Further assessment would be cobalamin, folate, FPL/PSL and TLI assay, FNA cytology of the mesenteric lymph nodes and splenic mass and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be to continue with the hypoallergenic diet, cobalamin supplementation and possibly a course of Prednisolone.





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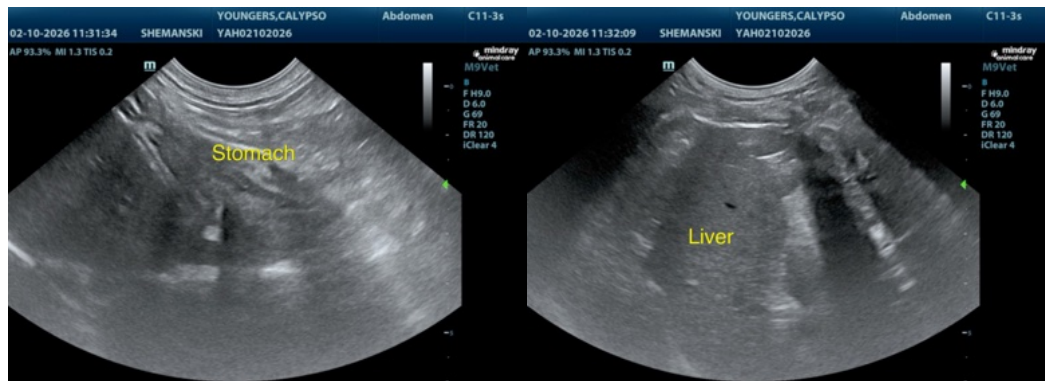
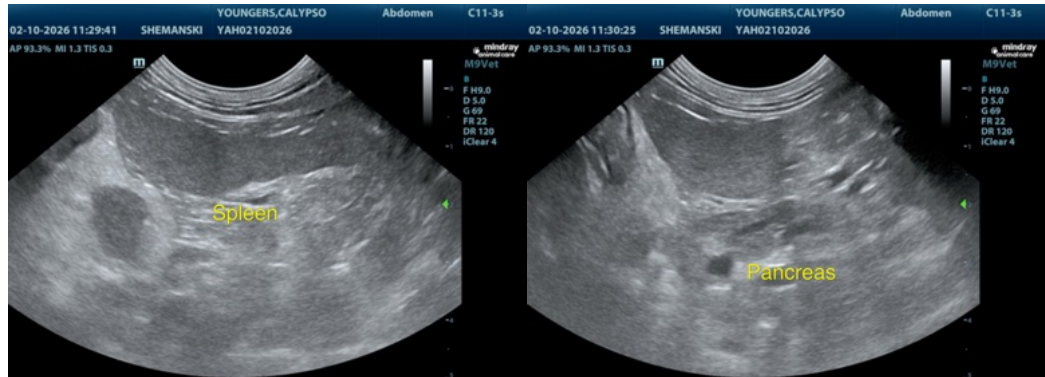
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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