



PATIENT

Finn Rericha

SPECIES

Feline

BREED

Domestic Longhair

SEX

Male

AGE

9 years

WEIGHT

15 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Vetererinary Service

REFERRING VET

Dr. Morgan Busby

INVOICE

71460

DATE

2/10/26

PRESENTING CLINICAL SIGNS

- Finn presents for an abdominal ultrasound. The owner reports a 2-month history of alternating diarrhea and constipation. He has a history of pancreatitis. He has a long-term history of constipation and has required enemas in the past. He was previously on Prilosec, buprenorphine, and metronidazole for GI upset and pancreatitis following a visit to an emergency veterinarian. The owner reports that he does not drink enough water and she has been syringing water into his mouth. He has not lost any weight.
- MEDICATIONS: Miralax 1/4 tsp EOD, Provable forte SID, Provable fiber - started 2/6 - 1/8 tsp BID
- Was on prilosec, buprenorphine, and metronidazole 1/19-1/25
- Catalyst Pancreatic Lipase - 7.7 U/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 3.9 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. The kidneys showed 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 0.4 cm in width. The right adrenal gland measured 0.41 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 0.8 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 is full containing 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, 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. Fecal material was present in the colon.

Pancreas

The pancreas was enlarged (left measured 0.6 cm in width) with an increased echogenic appearance and an irregular capsule. Mild, increased echogenic appearance of the fat and mesentery surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas would be consistent with chronic active pancreatitis.

Management of the pancreatitis would be feeding small frequent meals of a low-fat, intestinal type diet and the use of analgesics and antiemetics as needed.



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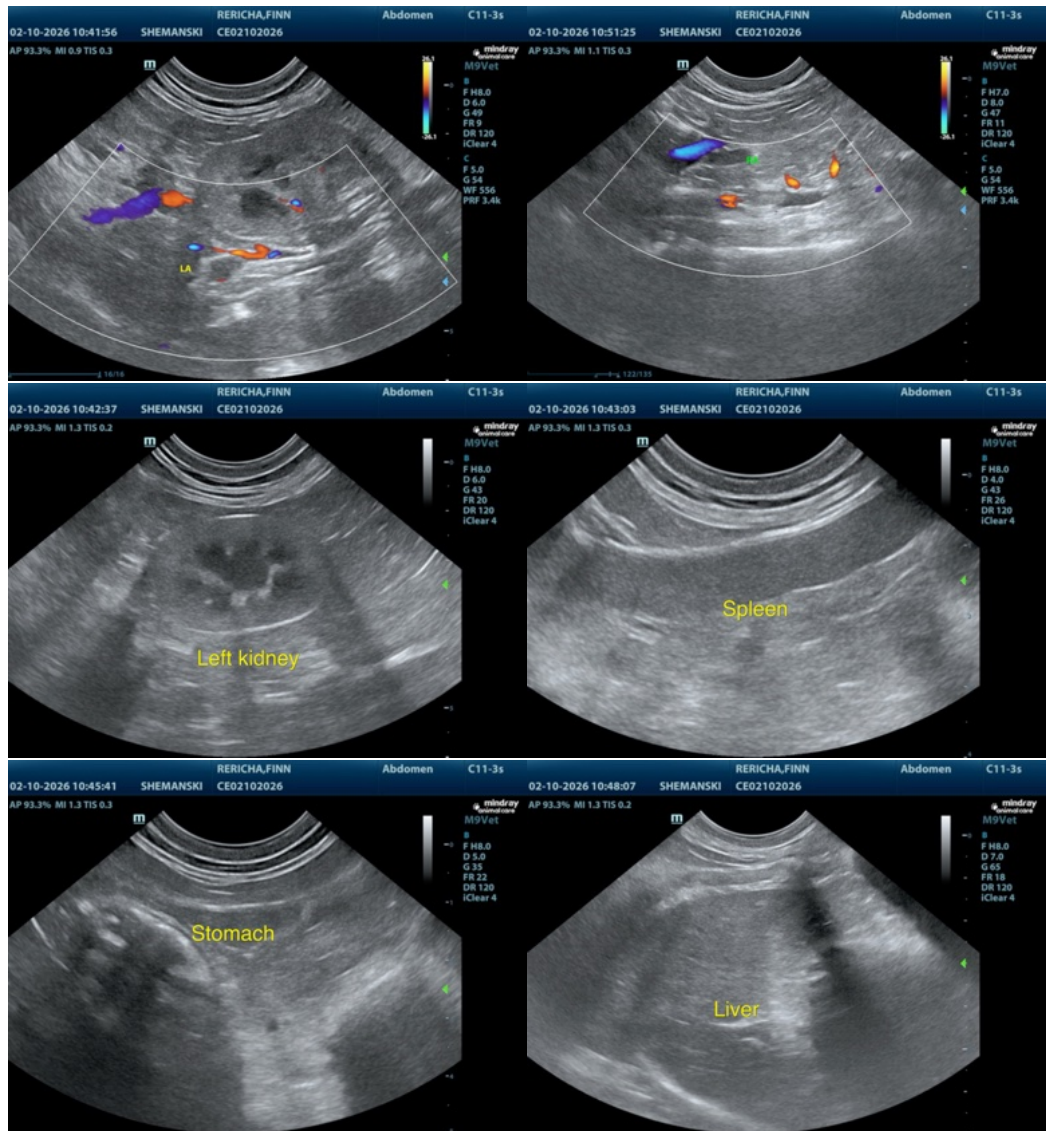
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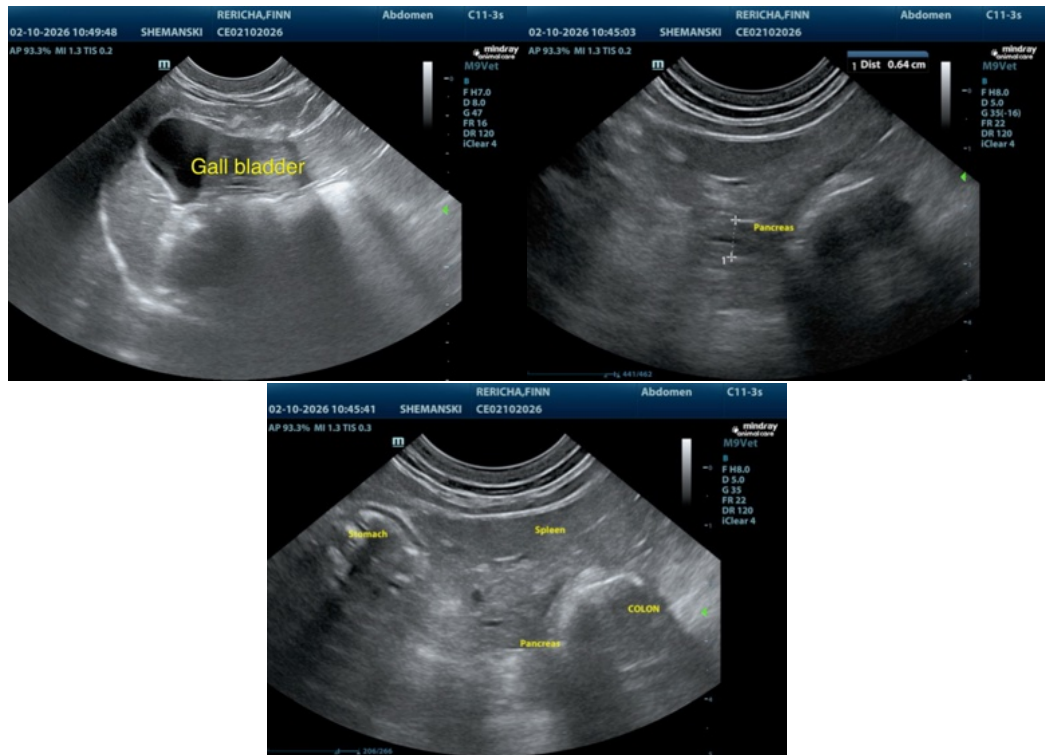
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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