



PATIENT

Princess Waldman

SPECIES

Feline

BREED

Domestic Longhair

SEX

Female

AGE

6 years

WEIGHT

13.6 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. Ken Bedell

INVOICE

71488

DATE

2/11/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL:
- Acute onset ADR, Inappetence, Neutrophilia, Spleen appears large on plain film
- History from owner: ADR started two nights ago. Patient was hiding, vomited, and was lethargic. Presented today (Tuesday) 8-10% dehydrated with a neutrophilia. Owner reports she ate some dry and wet food last night before midnight and had a very good appetite. She has not vomited since the initial episodes.
- MEDICATIONS: Cerenia q 24h and Amoxicillin 100mg po bid
- NEU 11.82K/uL EOS 0.02 K/uL Glu 191 mg/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A moderate amount of floating, hyperechogenic sediment.

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 4.2 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 0.45 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 1.0 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 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

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. A moderate amount of ingesta is present in the stomach compatible with a recent meal.

Pancreas

The left pancreatic lobe was enlarged measuring 0.6 cm in width with a hypoechogenic appearance and an irregular capsule. Normal size of the right pancreas, but with a hypoechogenic appearance and a regular capsule. Normal appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Hyperechogenic appearance of the fat within the cranial abdomen.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Abdominal fat inflammation.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with pancreatitis.

The most likely etiology for the hyperechogenic appearance of the fat would be secondary to the pancreatitis with steatitis a differential diagnosis.

Etiologies for the urinary bladder sediment would be incidental debris, crystalluria, hematuria and possibly bacterial cystitis.



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Further assessment would be urinalysis, possibly urine culture and FPL/PSL assay.

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

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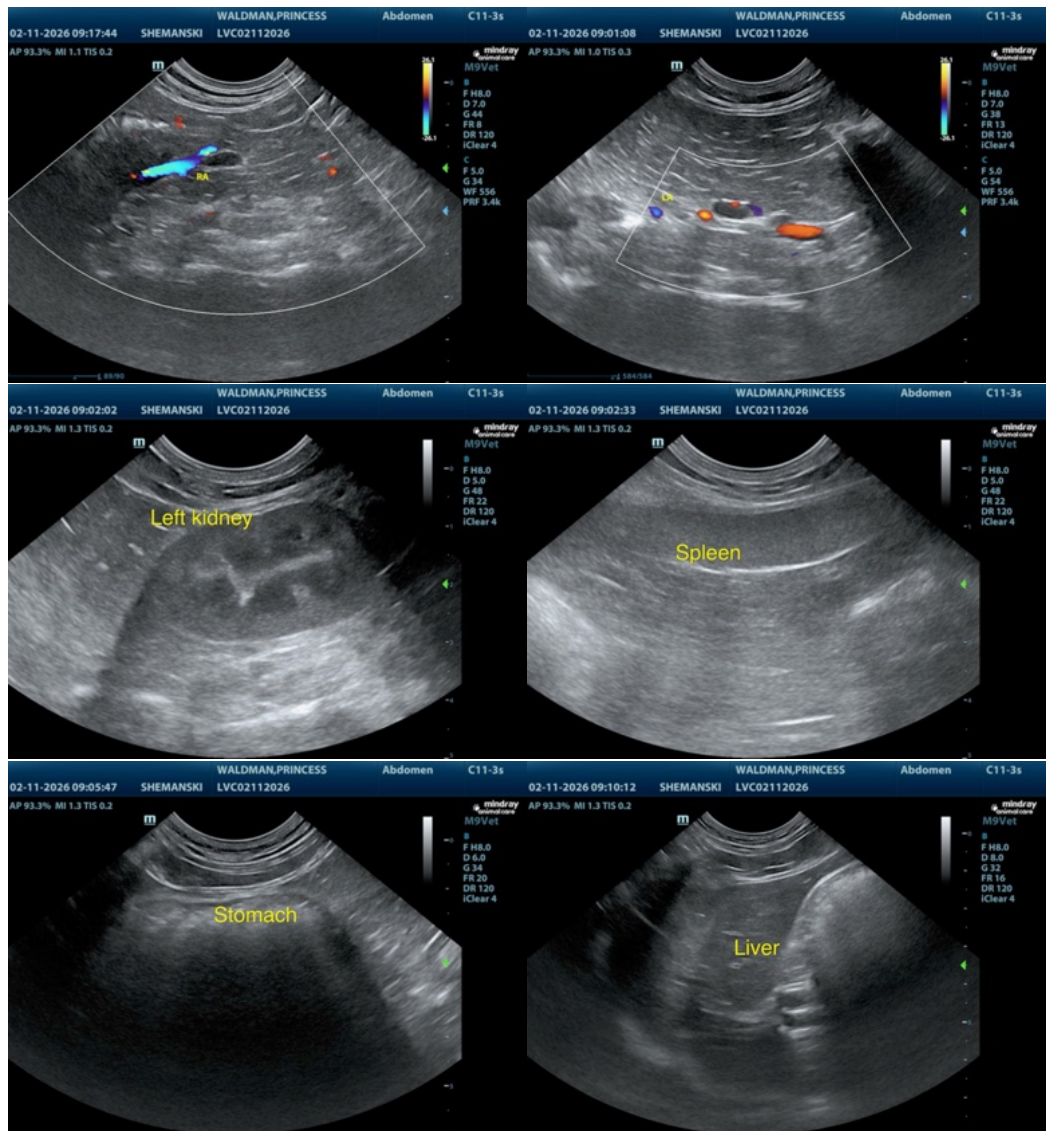
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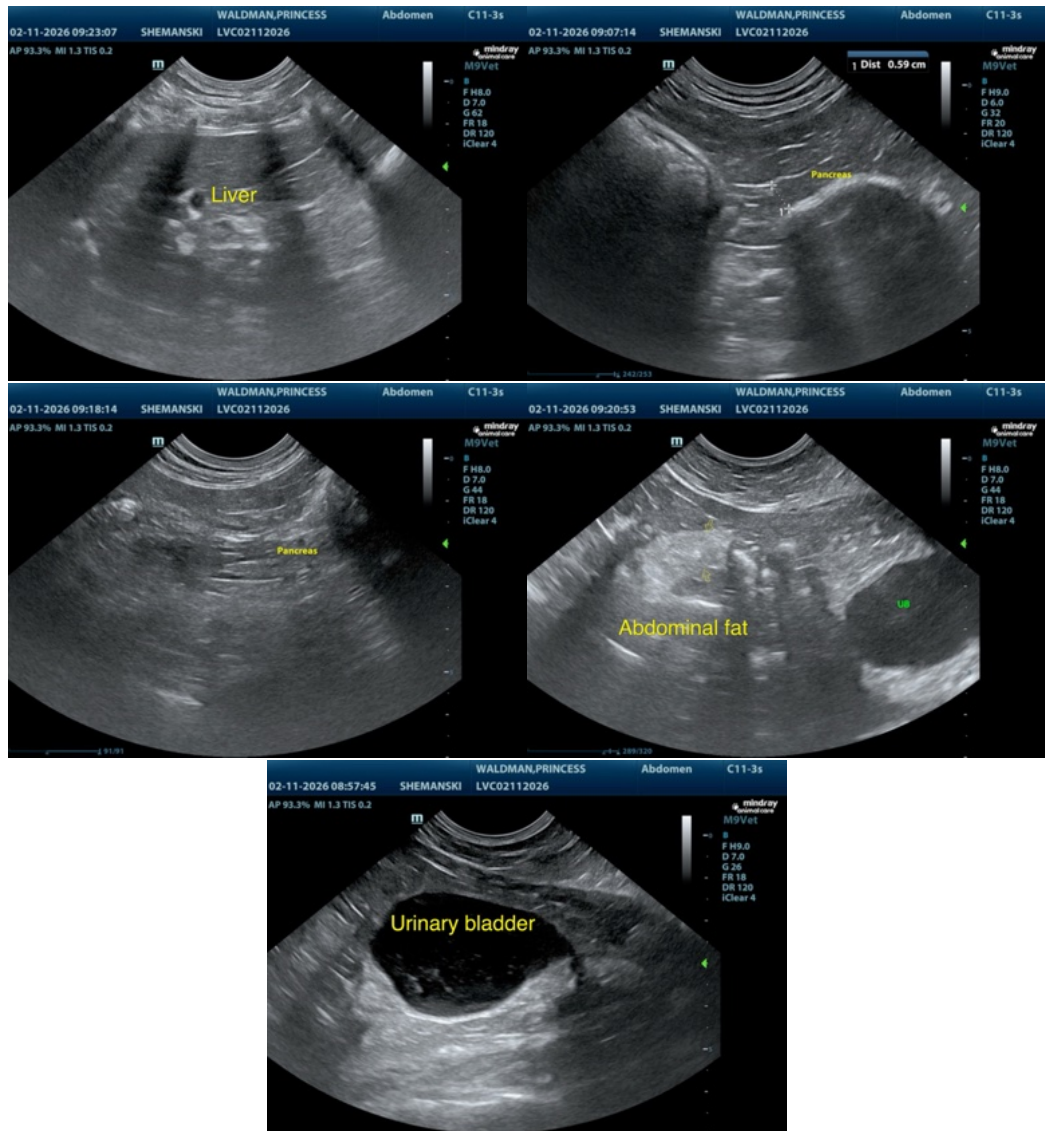
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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