



## PATIENT

Sparta Loving

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

17 years

## WEIGHT

4.2 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Grace Jayne CVT

## HOSPITAL NAME

Ark AH

## REFERRING VET

Dr. Penraat

## INVOICE

71483

## DATE

2/11/26

## PRESENTING CLINICAL SIGNS

- Hyperthyroidism, IBD, azotemia, anemia, neutrophilia, heart murmur
- B12, subcutaneous fluids, and prednisolone
- Sparta presented for an abdominal ultrasound, referred from Dr. Downey. The owner did not fast Sparta. She was fed a small meal a few hours ago. The owner is not particularly concerned with how Sparta is doing. She thinks activity-wise and appetite-wise she is doing well. Her appetite is less ravenous since decreasing the prednisolone. The owner reports that she is drinking a lot and urinating outside of the litter box. She is having a hard time maintaining her weight. She was recently brought to Port City due to possible regurgitation immediately following defecation
- Hypothermic today (95.8 F) BCS 2/9 Pale MM HCT 25.7 Neutrophils 13.29 Mono 1.74 Basophils 0.13 USG: 1.014 Chemistries pending

## 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 2.8 cm, right measured 2.7 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, normal pelvis, and an irregular capsule. No infarcts, mineralization or renoliths evident.

### *Adrenal Glands*

The adrenal glands are not visualized.

### *Spleen*

The spleen was enlarged measuring 1.2 cm in width with a hyperechogenic appearance and an irregular 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. Irregular, cystic mass like structure in the caudal aspect of the left lobe measuring approximately 2.0 x 2.2 cm in size. 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 noted in the stomach and chyme within the small intestine both compatible with a recent meal.

## ***Pancreas***

The pancreas is not visualized.

## ***Free Abdomen***

Normal mesenteric lymph nodes.

A scant amount of ascites is present.

## **ULTRASONOGRAPHIC FINDINGS**

- Splenomegaly.
- Cystic hepatic mass.
- Renal disease.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the splenomegaly would be reactive hyperplasia, splenitis and possibly infiltrative neoplasia.

The appearance of the hepatic mass is consistent with a benign cystadenoma.

The appearance of the kidneys is consistent with chronic kidney disease and in line with the patient's history.

Further assessment would be based on the pending blood work, but could include FNA cytology of the spleen.

Further specific therapy would be dependent on an etiological diagnosis.



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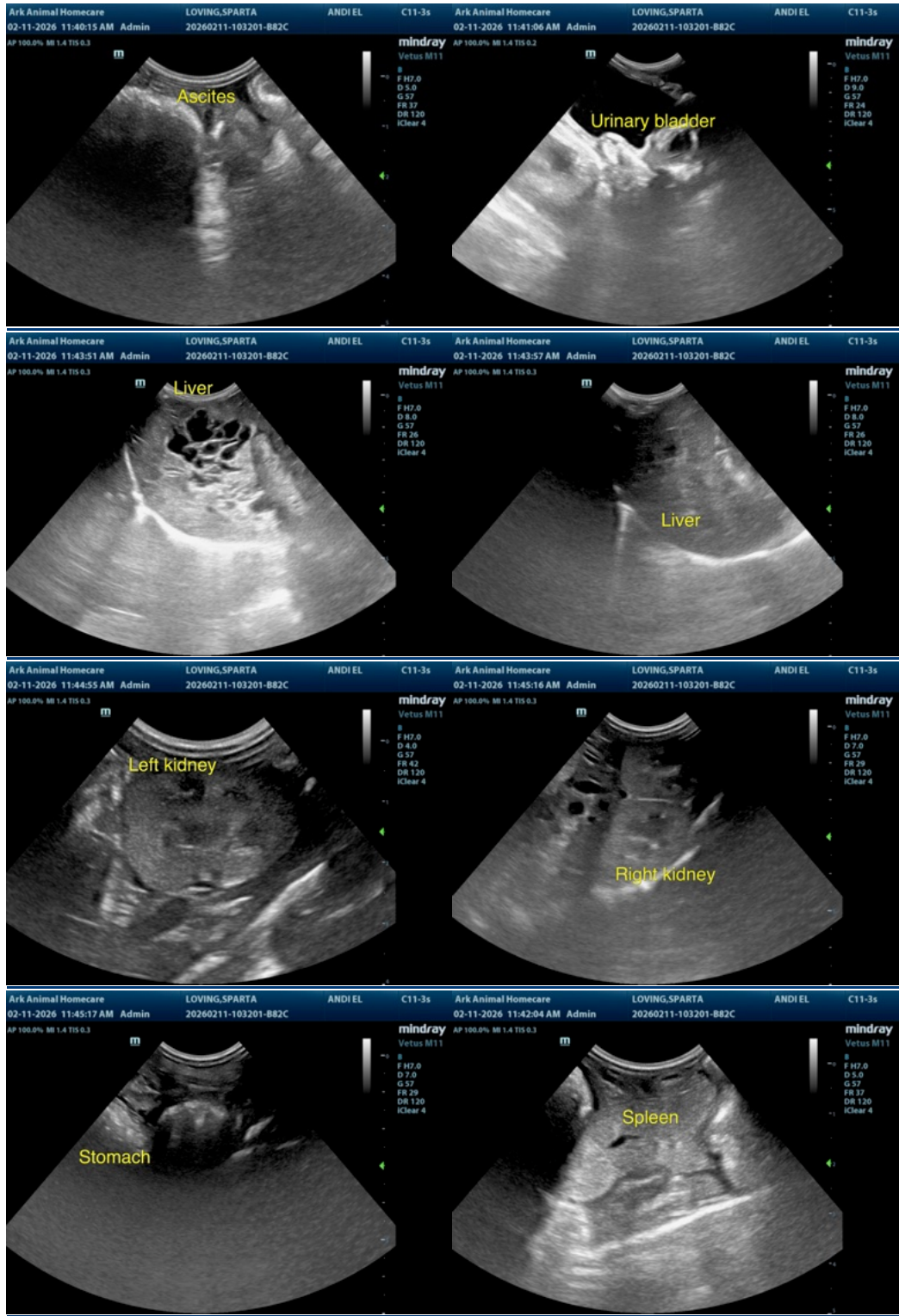
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)