



PATIENT

Roosifee Patino

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

6 years

WEIGHT

15.68 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. Busby

INVOICE

71537

DATE

2/12/26

PRESENTING CLINICAL SIGNS

- Reason for Referral: The patient was referred for diarrhea (on and off since December 15, 2025) and occasional vomiting, with concern for Inflammatory Bowel Disease (IBD). Lab work noted neutropenia.
- Treatment History: The patient had no response to a 3-day course of fenbendazole and initially responded to Provable Forte, but the diarrhea subsequently returned.
- Clinical History: The owner reported diarrhea occurring on and off for about a month and a half, with daily changing consistency, including watery components, gas, and one episode of gray, charcoal-like stool. The patient also has a history of pica (eating non-food items like shoelaces, cables, and hair ties) and has intermittent vomiting, often associated with eating too quickly or due to the pica, which started about two years prior.
- MEDICATIONS: None currently
- Recorded 3 day course of fenbendazole on 1/27 - no response
- Has been on proviable forte - respond initially but diarrhea returns
- WBC 2.47 k/uL Neutrophils 1.58 k/uL Lymphocytes 0.53k/uL Eosinophils 0.15 k/uL Urine Protein 30 mg/dL Red Blood Cells 18/HPF

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 4.2 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. The kidneys revealed 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 0.26 cm in width. The right adrenal gland measured 0.41 cm in width.

Spleen

The spleen was diffusely enlarged and measured 1.2 cm in width, but maintained a normal 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.



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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

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.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat 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

- Splenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenomegaly would be reactive hyperplasia secondary to the chronic diarrhea with splenitis and infiltrative neoplasia highly unlikely differential diagnosis.

Although the GI tract appears ultrasonographically normal with the chronic diarrhea an underlying enteropathy such as dietary hypersensitivity, inflammatory bowel disease and possibly exocrine pancreatic insufficiency should still be considered.



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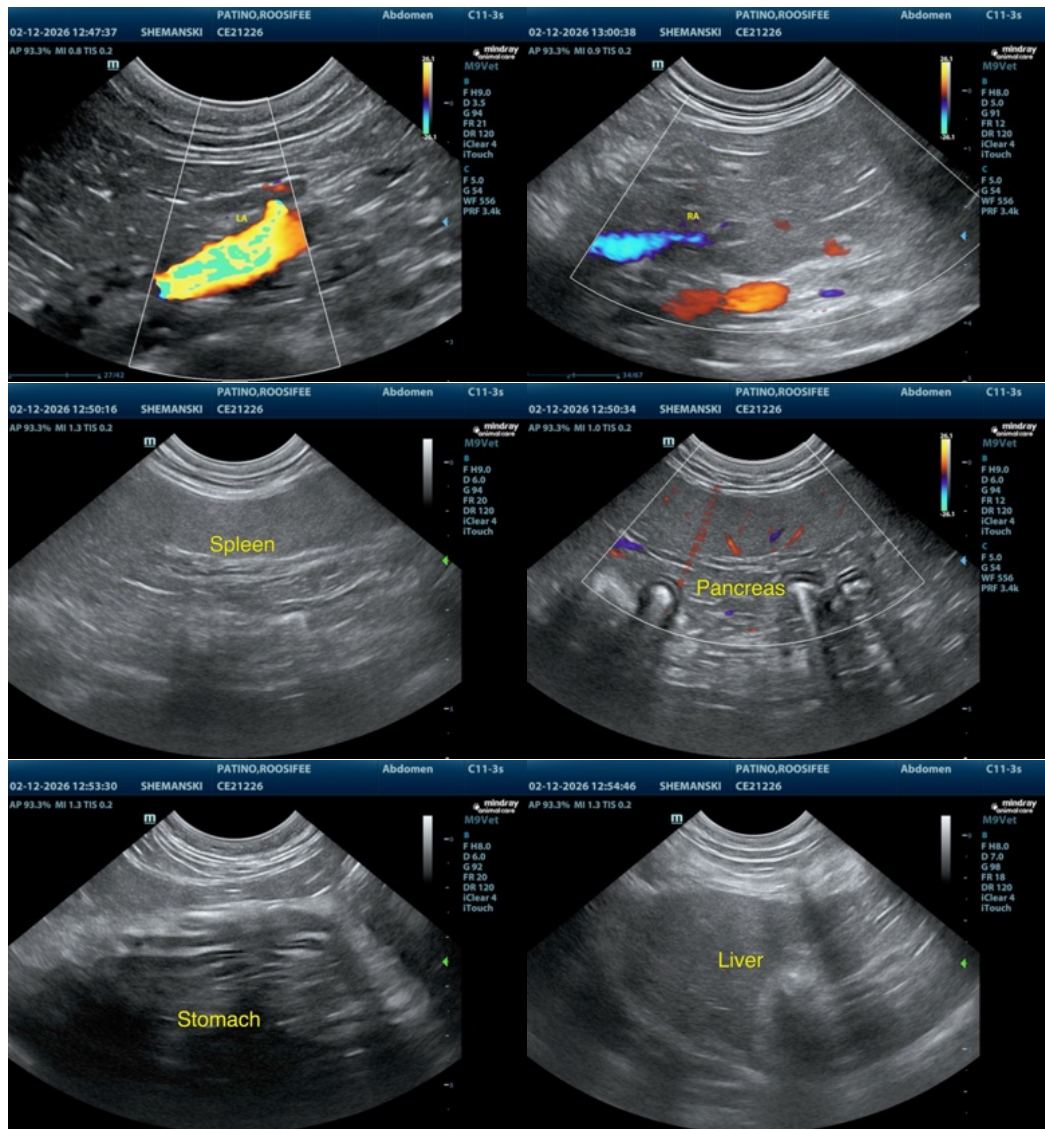
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Further assessment would be cobalamin, folate and TLI assay.

Endoscopy of the upper GI tract with biopsies and FNA cytology of the spleen.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be feeding a novel protein/hypoallergenic diet, cobalamin supplementation and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.





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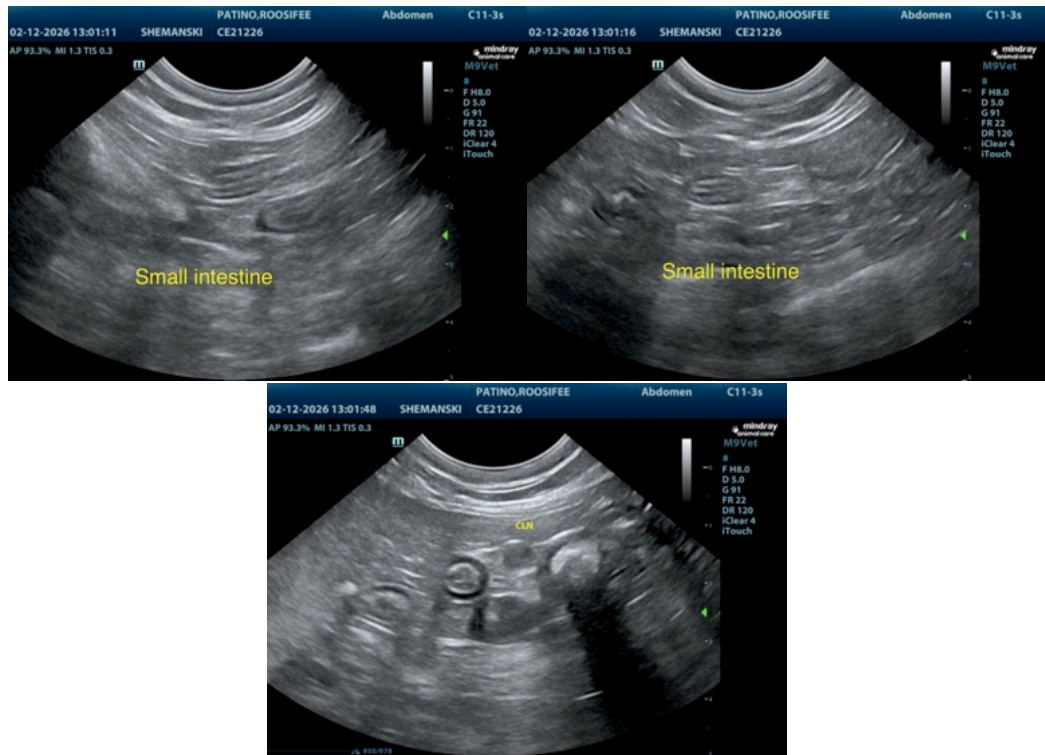
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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