



PATIENT

Hagrid Young

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

8 years

WEIGHT

14.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

Dr. Oberer-Gerber

INVOICE

71124

DATE

2/2/26

PRESENTING CLINICAL SIGNS

- No C/S/V/D. P was started on Ursodiol as per recommendations from the last AUS. O declined US-guided FNA of the spleen today. No concerns at home.
- ABD = SNP. Cardiovascular: Grade 3 out of 6 heart murmur, loudest left. (Stable). Normal rhythm w/ synchronous pulses. No obvious lung abnormalities but consistent growling. Overweight: BSC 7/9. Grade 3 Dental Disease; multiple missing incisors, significant gingivitis and moderate tartar removal -- suspect ~50% of teeth may need extracted.

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 4.3 cm, right measured 4.1 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 0.38 cm in width. The right adrenal gland measured 0.3 cm in width.

Spleen

The spleen is diffusely enlarged and measured up to 1.2 cm in width, but maintained a normal echogenic appearance and a smooth homogenous parenchyma. Scalloped appearance of the capsule is noted. 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. 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. Dilated and torturous appearance of the cystic and common bile ducts with no obvious obstruction evident. The cystic bile duct measures 0.4 cm in diameter.

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.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly.
- Dilated and tortuous bile duct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the appearance and size of the spleen on this ultrasound is similar to that of the previous ultrasound. This makes reactive hyperplasia the most likely diagnosis. Splenitis and infiltrative neoplasia would be highly unlikely differential diagnosis.

The appearance of the bile duct can be considered an incidental age related change.

Further assessment that can be considered would be FNA cytology of the spleen.

Specific therapy would be dependent on an etiological diagnosis.



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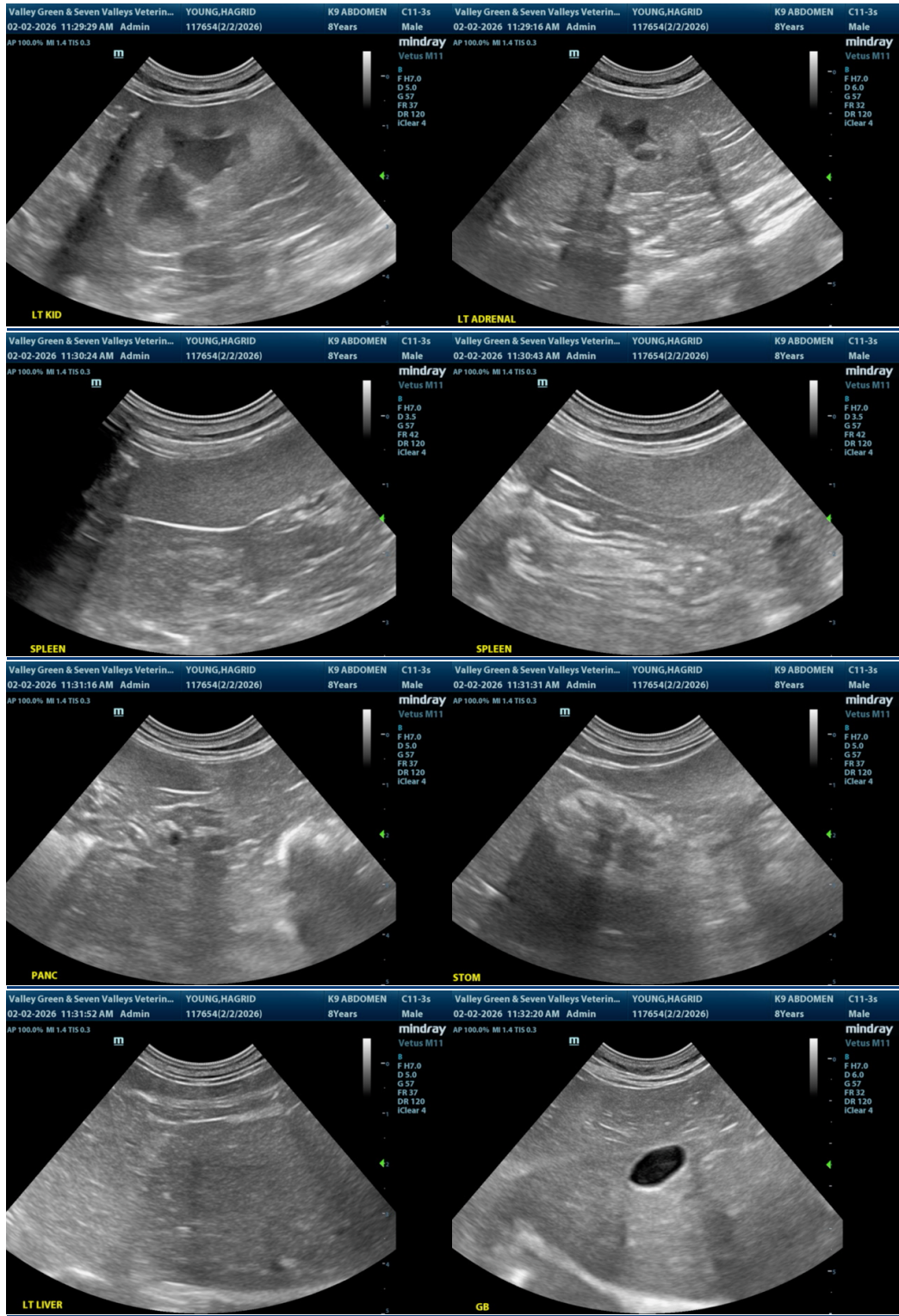
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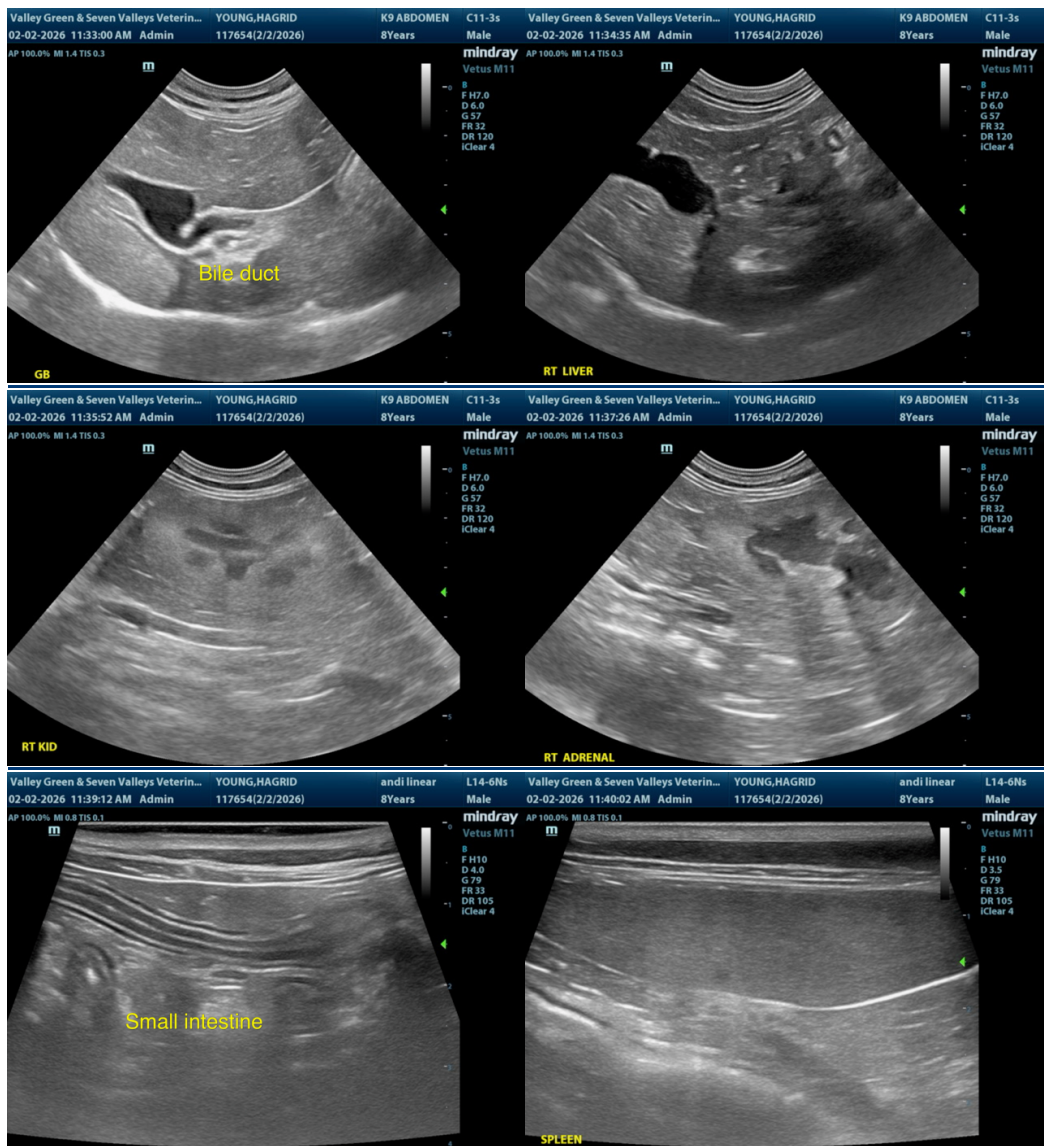
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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