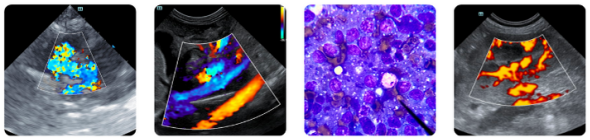


PATIENT

Marco Cooper

SPECIES

Feline

BREED

DMH

SEX

MN

AGE

11 years

WEIGHT

14.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Danielle Shemanski

HOSPITAL NAME

Western New York Veterinary Services

REFERRING VET

Dr. Rebecca Nealey

INVOICE

11502

DATE

3/18/2026

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Inappetent for 3 days. No vomiting, regular urine, but hiding, not eating, and has lost 2 pounds in the last two months.
- Seen by RDVM last 3/16/26 for not eating.
- Chem 17 unremarkable but cbc marked anemia hct 20%.
- HISTORY/ CLINICAL SIGNS: Marco Cooper has been anorexic, only eating lickable treats (Churros). Diarrhea began after an enema. A prior course of antibiotics resolved sneezing. His energy is severely decreased; he is lethargic, hiding, and unusually quiet. Inappetence began Thursday night after finding a small, hard stool. The owner noted weight loss (spinal prominence) at the vet visit.
- MEDICATIONS: Mirtazapine 7.5mg q72 hours.

Abnormal PE/Chem/CBC/UA Results: 3/16/2026 CBC RBC 4.2 10^6/uL (Ref 6.6 - 11.1) Low HGB 5.9 g/dL (Ref 8.6 - 16.3) Low HCT 20 % (Ref 28 - 48) Low PLT 67.7* 10^3/uL (Ref 109.4 - 487.4) Low.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 4.2 cm and the right kidney measures 5.0 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 0.52 cm in width. The right adrenal measures 0.4 cm in width.

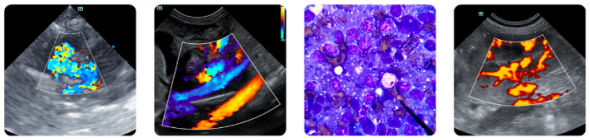
Spleen

Enlarged with an irregular shape, measuring up to 1.6 cm in width. Mottled echogenic appearance of the parenchyma. Few small parenchymal hypoechogenic nodules measuring up to 0.6 cm in size, and an irregular capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. FNA taken of the spleen.

Liver

Enlarged with a mottled echogenic and coarse appearance, decreased portal markings, and irregular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature. FNA taken of the liver.

Gallbladder



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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.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

A moderate amount of acellular ascites present.

Hyperechogenic appearance of the mesentery.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Nodular splenomegaly.
- Hepatopathy.
- Mesenteric inflammation with ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the appearance of the spleen and liver, the most likely etiology would be infiltrative neoplasia such as mast cell tumor, lymphoma and histiocytosis with granulomatous disease a less likely differential diagnosis.

The mesenteric inflammation and ascites can be ascribed as secondary to the splenic and hepatic changes with abdominal carcinomatosis a possible differential diagnosis.

Further assessment needs to be based on the pending cytology results but could include analysis of the ascitic fluid, three view thoracic radiographs, and FNA cytology of the mesentery.

Specific therapy would be dependent on an etiological diagnosis.

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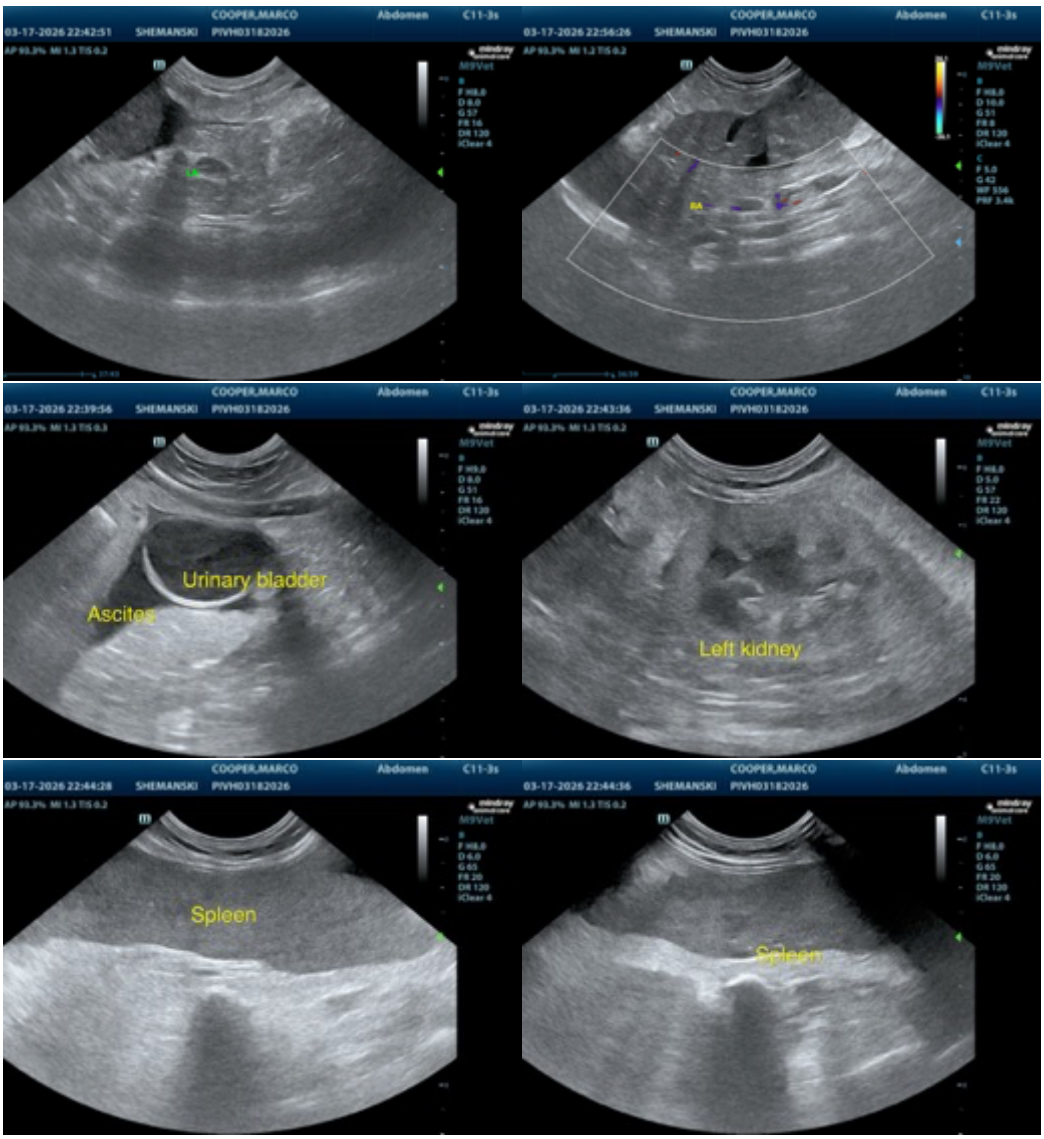

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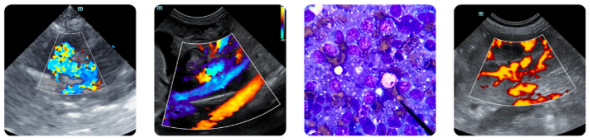

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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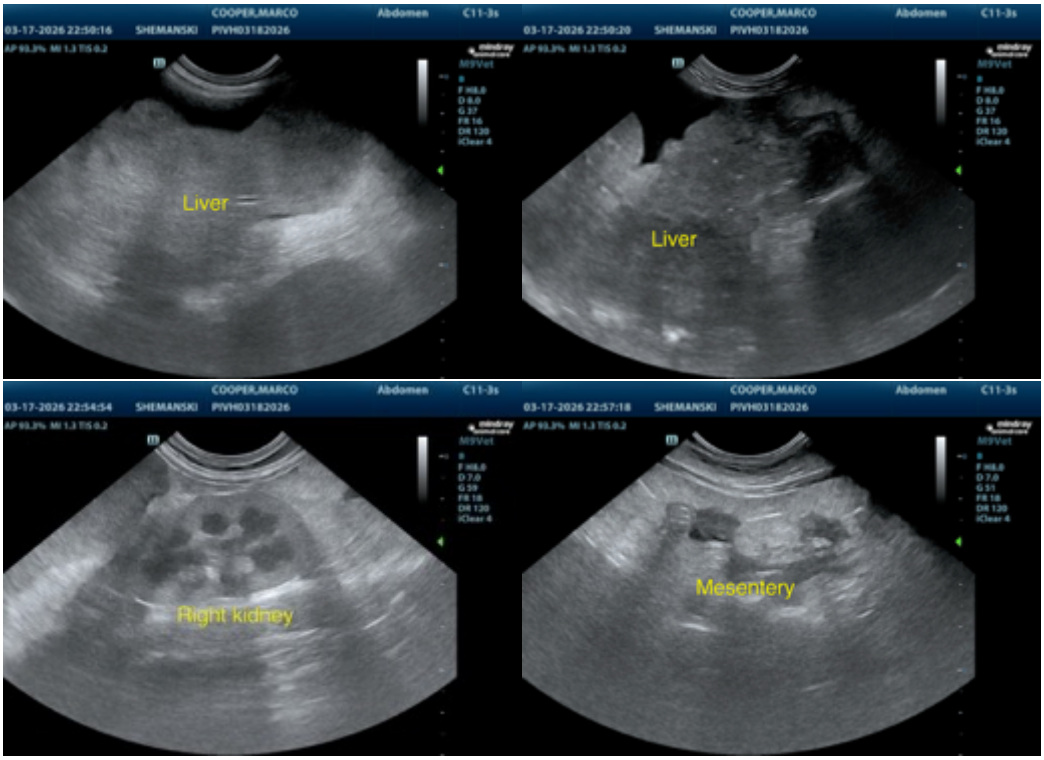

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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