



PATIENT

Michi Garcia

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

5.88 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

73900

DATE

3/22/26

PRESENTING CLINICAL SIGNS

Fever of unknown origin. Initially lethargic and anorexic at home. Seen at rDVM 3/20 where he received Convenia, Onsior and SQ fluids. Some improvement initially but fever spiked again at home and lethargy/anorexia recurred. Admitted for supportive care 3/21 evening.

Abnormal PE/Chem/CBC/UA Results: EENT/oral: mild dental disease H/L: grade III/VI HM Intermittent pyrexia during hospitalization CBC: Neut (13.01) Eos (0.12) Plts (56) Plateletcrit (0.09) U/A: Protein (30mg/dL) USG >1.050, pH (7) suspect presence of cocci (none seen on IH sediment review) Snap FELV/FIV: neg x3 Radiographs: overall unremarkable, ingesta throughout GIT, no evidence of obstruction, empty stomach, Thorax unremarkable EPOC: Glucose (137) BP: 127 PCV/TP: 36/8 repeat CBC 5am: Neut(11.51) Eos (0.14) Plts (50-100k/ul)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing a moderate amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall.

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 4.0 cm. Right kidney measures 3.8 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.75 cm in length x 0.32 cm in width. Right measures 0.72 cm in length x 0.29 cm in width.

Spleen

The spleen is mildly enlarged, measuring 1.1 cm in width, maintaining a normal echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis 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.

Gallbladder

Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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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. Small amount of ingesta present within the stomach, compatible with a recent meal. Fecal material present within the colon.

Pancreas

Visible sections present normal size and echogenic appearance. 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.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

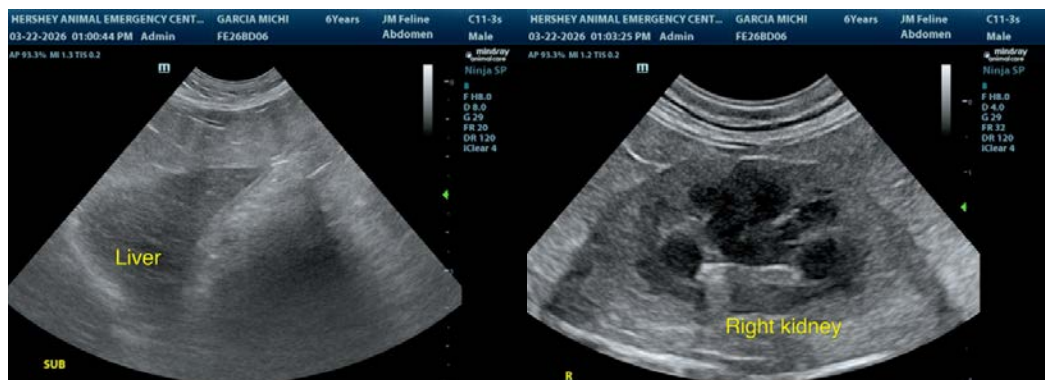
The most likely etiology for the splenomegaly would be reactive hyperplasia, with splenitis and infiltrative neoplasia being less likely differential diagnoses.

The most likely etiology for the urinary bladder sediment would be incidental debris, with bacterial cystitis being an unlikely differential diagnosis.

Further assessment would be urine culture and FNA cytology of the spleen.

With the presence of a heart murmur, echocardiography could also be considered, as bacterial endocarditis would be a differential diagnosis for this patient.

Specific therapy would be dependent on an etiological diagnosis.





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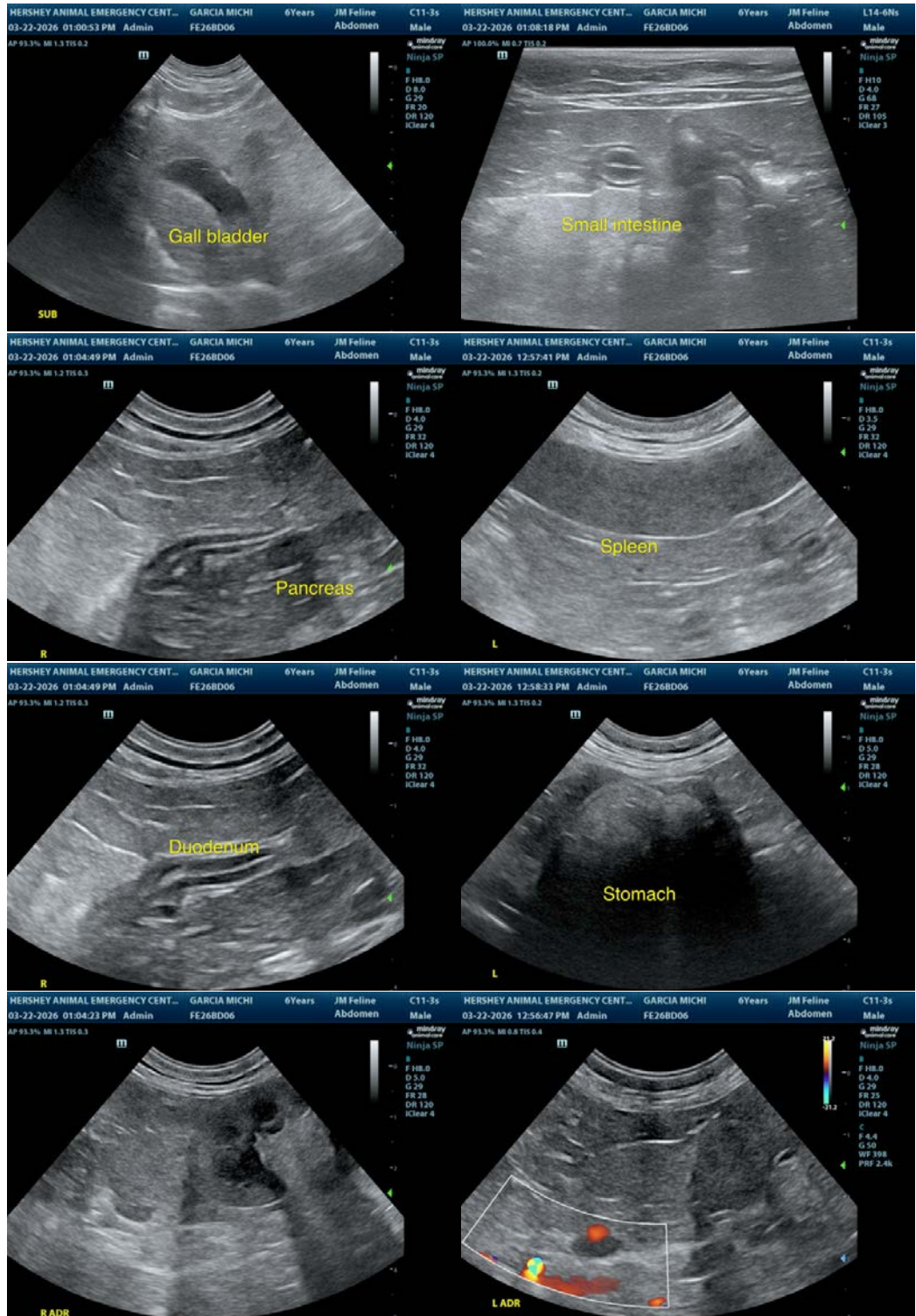
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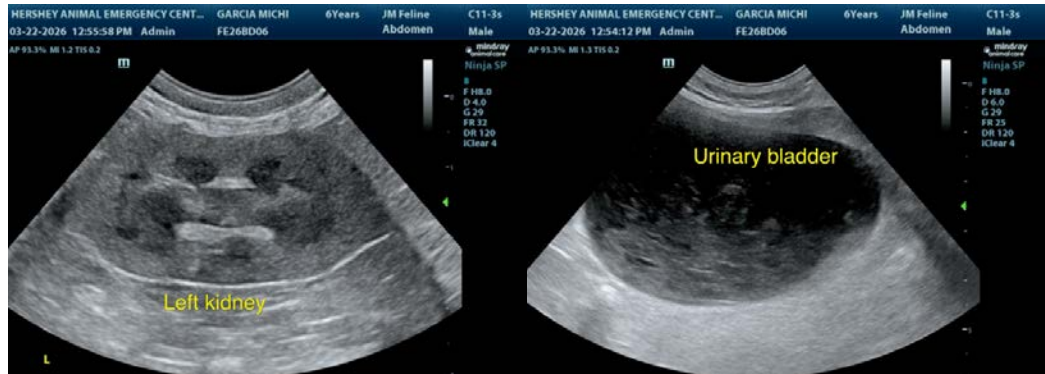
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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