



PATIENT

Bebe Ferrarese

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

14 years

WEIGHT

15.14 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. Arnold

INVOICE

73874

DATE

3/27/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Patient was referred for an abdominal ultrasound due to not eating since 03/15/26 and the failure of her appetite to return, alongside radiographs showing a spherical image over the kidney.
- The patient was originally treated for an anal gland abscess, which was healing nicely, and labs were normal per the rDVM.
- CLINICAL SIGNS: Patient is very uncomfortable and sensitive in the cranial abdomen, specifically over the stomach. She reacted every time the probe was in that area.
- MEDICATIONS: - Dr. Shemanski administered 0.12 mL Torb IM
- - Current meds: Mirtazapine transdermal 1 inch to the inner ear SID.
- March 14, 2026 Blood Chem: Crea 1.5 mg/dL (Ref 0.8 - 1.8 mg/dL) upper limit Glucose 137 mg/dL (Ref 70-130 mg/dL) HIGH Cholesterol 228 mg/dL (Ref 70-200 mg/dL) HIGH Amylase 1640 U/l (Ref 100-1500 U/l) HIGH CBC: WNL

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.

The left kidney is small, shrunken, irregular, hyperechogenic and mineralized measuring 2.0 cm with no color flow pattern evident. The left kidney contained within a perinephric cyst.

The right kidney is enlarged measuring 5.0 cm with increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.42 cm in width. The right adrenal gland measured 0.37 cm in width.

Spleen

Normal size and 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. The spleen measured 1.0 cm in width.



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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 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

A large amount of ingesta and fluid is present within the stomach as well as non-shadowing material. The latter especially within the pylorus. Normal thickness of the gastric wall with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio. Normal appearance of the duodenum, small intestine, ileocecal 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 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

- Gastric foreign body.
- Left-sided nephropathy.
- Right-sided renomegaly with age related changes versus early chronic kidney disease.



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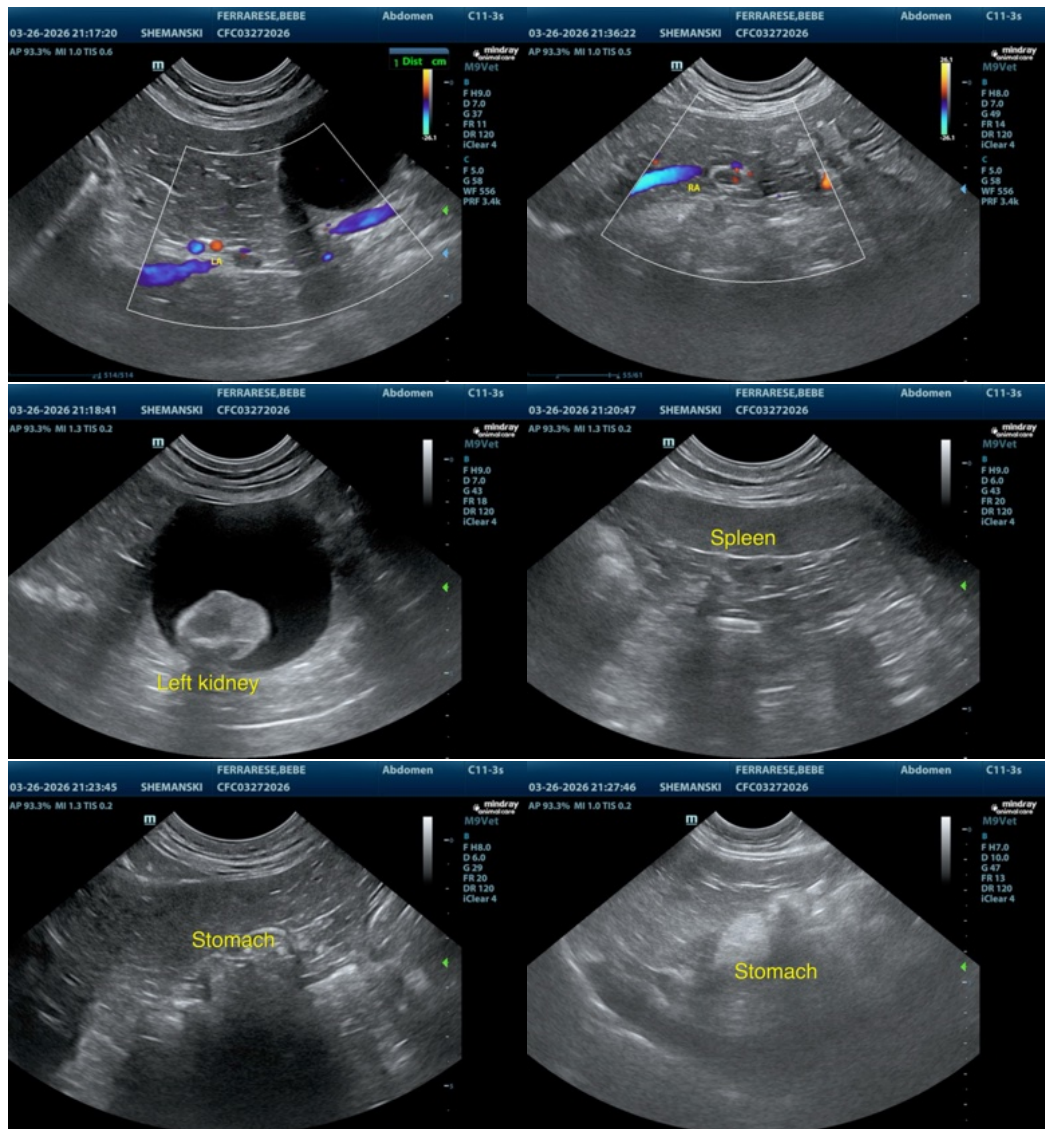
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the left kidney would be congenital anomaly, prior obstructive uropathy or bacterial nephritis and at this point can be considered an incidental finding.

The right-sided renomegaly would be compensatory hypertrophy.

With the duration of the clinical signs a laparotomy would be recommended.





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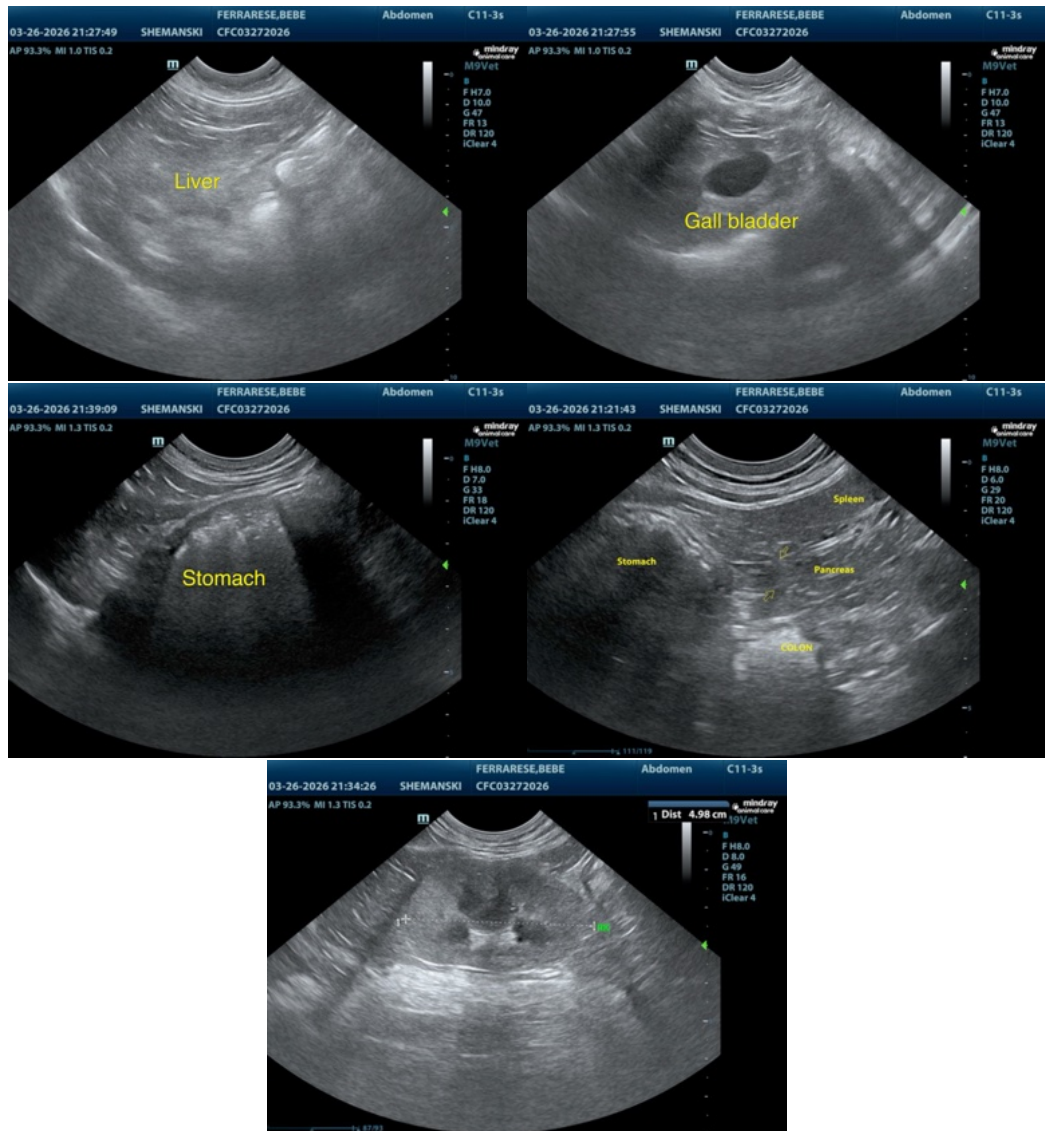
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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