



PATIENT

JJ Buchiere

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

10 years

WEIGHT

7 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. Bedell

INVOICE

72312

DATE

3/6/26

PRESENTING CLINICAL SIGNS

- Presenting signs: weight loss, hematochezia (blood-tinged diarrhea), vomiting, and anorexia. Weight loss, initially noted in January, has continued despite supplemental feeding. The patient is currently anorexic and has soft, bloody stool.
- Concurrent diagnosis: new diagnosed hyperthyroidism.
- History JJ, a hyperthyroid cat, presents with anorexia, vomiting, and bloody, sticky diarrhea for days, having not eaten well, even with force-feeding. Yesterday's radiographs raised concern for an abdominal blockage, though she rarely eats foreign objects. She is usually food-motivated but now refuses food. She recently received IV fluids and a delayed first dose of oral Cerenia. The owner noted improved intermittent, quick breathing. The referring vet reported a high heart rate (220 bpm) and respiratory rate (70).
- CLINICAL SIGNS: Wt loss, Blood tinged diarrhea and melena, vomit, anorexia, dehydration
- MEDICATIONS: Mirtazapine per label directions, Maropitant 8mg po q 24h, Methimazole 2.5mg transdermal bid
- Abnormal BW(3/3/2026): EOS 0.03 K/uL (Low) CREA 0.2 mg/dL (Low) BUN 14 mg/dL (Low) ALT 172 U/L (High) TT4 9.7 ug/dL (High)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating hyperechogenic sediment.

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 3.7 cm, right measured 3.5 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 0.44 cm in width. The right adrenal gland measured 0.44 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 0.77 cm in width.



PATIENT

JJ Buchiere

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

10 years

WEIGHT

7 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. Bedell

INVOICE

72312

DATE

3/6/26

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

Normal thickness of the gastric wall with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio. A few, small pockets of gas is accumulating within the gastric wall. There is no distension of the lumen and normal peristaltic activity. Normal appearance of the 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 with a hypoechoic appearance and an irregular capsule. There is a mild increased 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

- Pancreatitis.
- Gastric ulceration.
- Urinary bladder sediment.



PATIENT

JJ Buchiere

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

10 years

WEIGHT

7 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. Bedell

INVOICE

72312

DATE

3/6/26

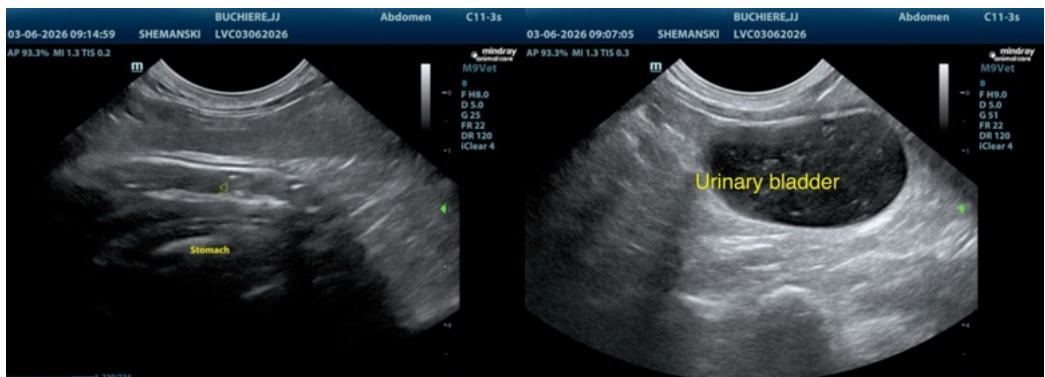
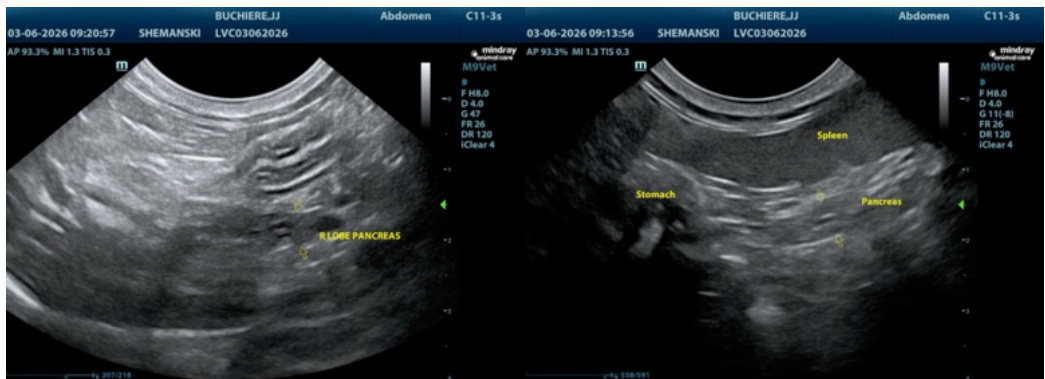
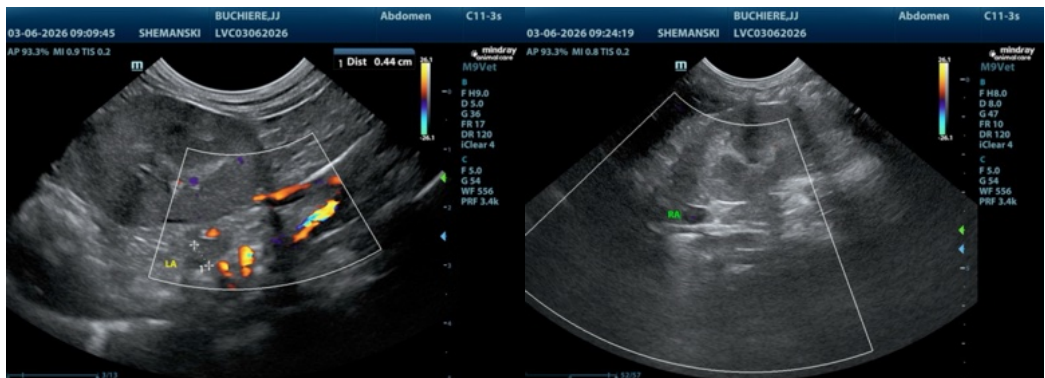
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas would be consistent with acute pancreatitis.

Etiologies for the urinary bladder sediment would be incidental debris, crystalluria, hematuria and possibly bacterial cystitis.

Further assessment would be urinalysis, possibly urine culture and FPL/PSL assay.

Management would be to continue with the current therapy adding fluid therapy if necessary, gastric protectants (Sucralfate and Omeprazole), feeding small frequent meals of an intestinal type diet would also be recommended.





PATIENT

JJ Buchiere

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

10 years

WEIGHT

7 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

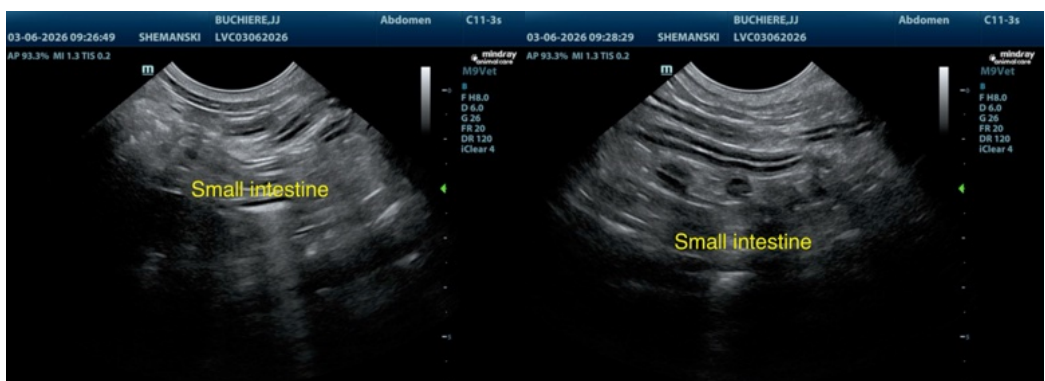
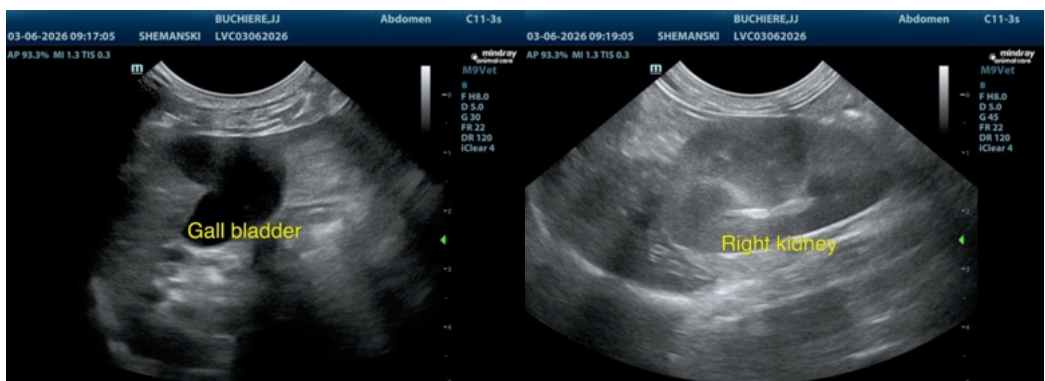
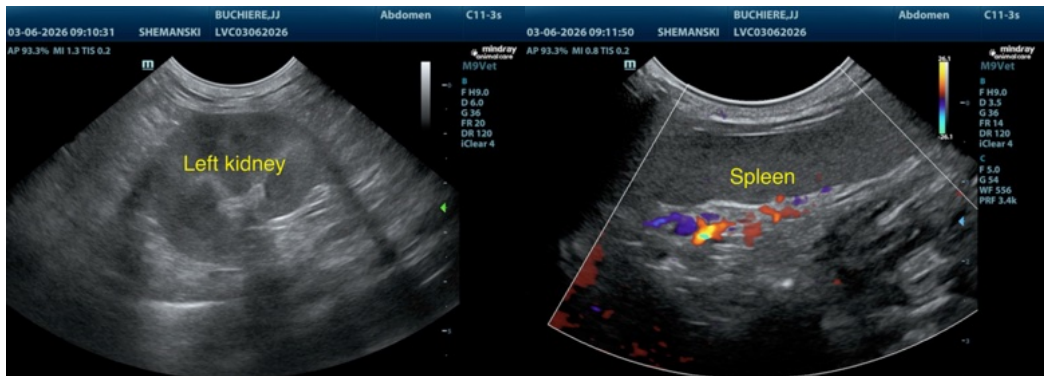
Dr. Bedell

INVOICE

72312

DATE

3/6/26





PATIENT

JJ Buchiere

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

10 years

WEIGHT

7 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. Bedell

INVOICE

72312

DATE

3/6/26

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