



## PATIENT

Violet Tartaglia

## SPECIES

Feline

## BREED

Russian Blue

## SEX

Intact Female

## AGE

6 Years

## WEIGHT

10.76 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Danielle Shemanski  
DVM, MA

## HOSPITAL NAME

Western New York  
Veterinary Services

## REFERRING VET

Dr. Daniel Handler  
DVM

## INVOICE

15104

## DATE

04/14/26

## PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: P presented on 4/11/26 for anorexia, jaundice, elevated liver values, FPL abnormal, and anemia (see provided lab work). hospitalized for IV fluids/meds until 4/13/26, at which time BW and overall behavior, appetite improved and is now eating at home. Violet, an 8-year-old intact female Russian Blue, has shown minor improvement in liver values since Saturday. Recently, her appetite and energy have improved, and she is eating wet food but refusing dry food. Presentation began with inappetence followed by vomiting twice after eating wet food. Jaundice developed the next day. She has a history of occasional post-prandial vomiting. She is an indoor cat who recently moved into a household with a dog. CLINICAL SIGNS: anorexia, jaundiced skin  
MEDICATIONS: Gabapentin 250mg/5 ml : 2 ml PO BID. Cerenia 16 mg tabs: o.5 tab PO SID. Mirtazapine transdermal 1.5 inch to pinna SID

Abnormal PE/Chem/CBC/UA Results: Abnormal Lab Results: 4/13/2026 Lymph  $0.72 \times 10^3/\mu\text{L}$  Low Mono  $0.75 \times 10^3/\mu\text{L}$  High HCT 24.9 % Low HGB 9.2 g/dL Low RBC  $6.05 \times 10^6/\mu\text{L}$  Low PLT  $46.0 \times 10^3/\mu\text{L}$  Low ALKP 379.0 U/L High ALT 610.0 U/L High BUN 5.0 mg/dL Low GGT 26.0 U/L High TBIL 5.1 mg/dL High Cl 112.0 mmol/L Low

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Full 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 size and appearance of the uterine body. The uterine horn and ovaries were not visualized.

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. The left kidney measured 4.2 cm in length. The right kidney measured 4.4 cm in length. Normal color flow pattern was evident in both kidneys.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.36 cm in width. The right adrenal gland measured 0.45 cm in width.

### Spleen

Enlarged size and normal 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 1.2 cm in width.

### Liver



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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 gallbladder containing a small amount of nonadhered hyperechogenic sediment. Thickened irregular and hyperechogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct. A small amount of fluid accumulating around the gallbladder wall.

### **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. Moderate amount of ingesta was present within the stomach, compatible with a recent meal.

### **Pancreas**

The pancreas presented enlarged (left pancreas 1.0 cm in width) with a hypoechogenic appearance and an irregular capsule. Hyperechogenic 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 pleural or pericardial effusion was evident.

## **ULTRASONOGRAPHIC FINDINGS**

- Pancreatitis.
- Splenomegaly.
- Cholecystitis.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the splenomegaly would be reactive hyperplasia, secondary to both the cholecystitis and the pancreatitis. Splenitis and infiltrative neoplasia would be highly unlikely differential diagnoses.

Further assessment that could be considered would be cholecystitis for cytology and culture. Management of the pancreatitis would be to continue with the current therapy but to feed small frequent meals of a low-fat intestinal type diet. As the cholecystitis may be associated with ascending bacterial infection, the addition of an antibiotic such as penicillin, cephalosporins or quinolones would be recommended.



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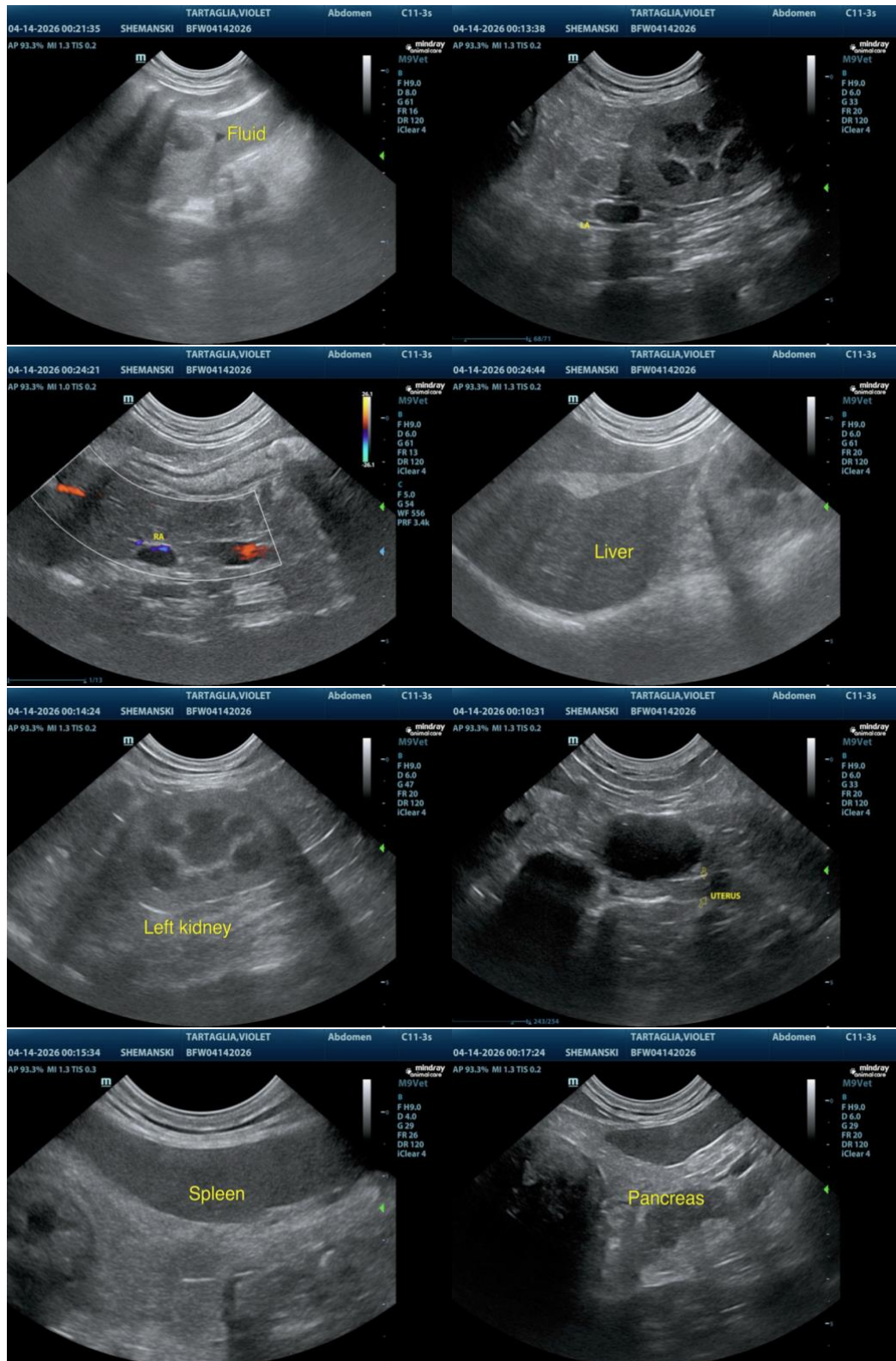
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)