



PATIENT

Tess Frisch

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

11.1 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. Lefler

INVOICE

74287

DATE

4/8/26

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Patient presented 4/6 for vomiting and anorexia. Diabetic patient, responded to supportive care and now feels better today

Tess presented for acute vomiting and anorexia starting 4/6, with one episode of diarrhea. She missed one insulin dose due to illness. Her glucose was 315 on 4/7. She has since improved, is eating well, and acting normally. Similar past episodes have resolved within a day. She is an active indoor/outdoor hunter and exhibits abdominal sensitivity.

MEDICATIONS: Vetsulin 2 Units BID

Abnormal Blood values: Glu=435 (71-159) H Cl=110 (112-129) H glob=5.2 (2.8-5.1) H Alt=no value, Ast=no value Alkp=144 (14-111) H TBil=1.1 (0.0-0.9) H, Chol=277 (65-225) H

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 3.6 cm, right measured 3.9 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 0.47 cm in width. The right adrenal gland measured 0.45 cm in width.

Spleen

The spleen was diffusely enlarged measuring 1.2 cm in width maintaining a normal echogenic appearance, smooth homogenous parenchyma and a regular curvilinear capsule. The remainder of the spleen was normal in size with 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.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules evident. Focal, mottled echogenic, cystic mass measuring 1.7 x 1.8 cm in the cranial aspect of the left lobe. 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 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 (left pancreas measured 0.4 cm in width, right pancreas measured 0.7 cm in width) with a hypoechoic appearance and an irregular capsule. 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.
- Splenomegaly.
- Hepatic mass.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas would be consistent with pancreatitis.



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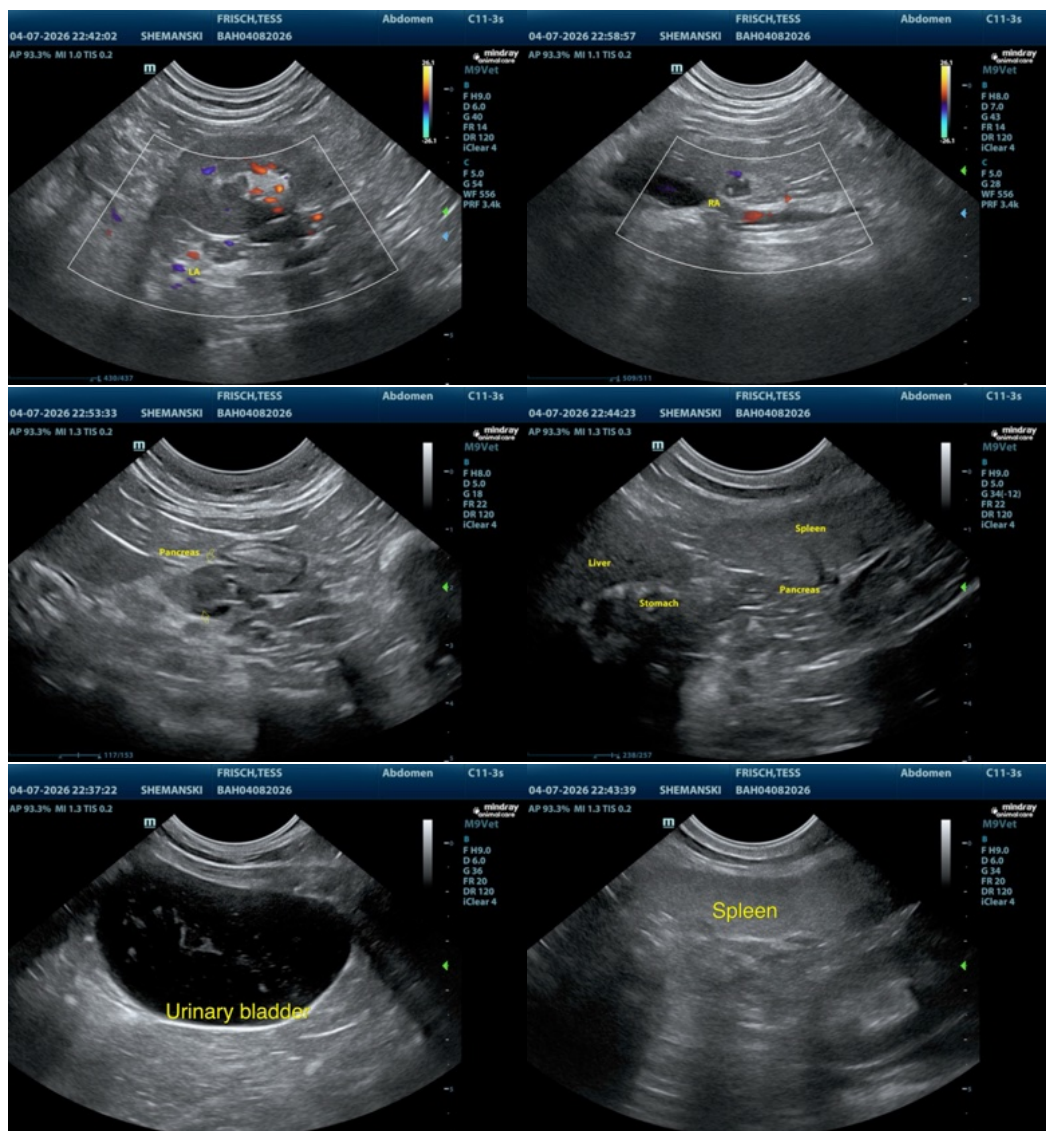
The most likely etiology for the splenomegaly would be reactive hyperplasia secondary to the pancreatitis with splenitis and infiltrative neoplasia a less likely differential diagnosis.

The appearance of the hepatic mass is consistent with a benign cystadenoma and can be considered an incidental finding.

The most likely etiology for the urinary bladder sediment would be incidental debris with crystalluria and bacterial cystitis a less likely differential diagnosis.

Further assessment that can be considered would be urinalysis, possibly urine culture and FNA cytology of the spleen.

Further specific therapy would be dependent an etiological diagnosis.





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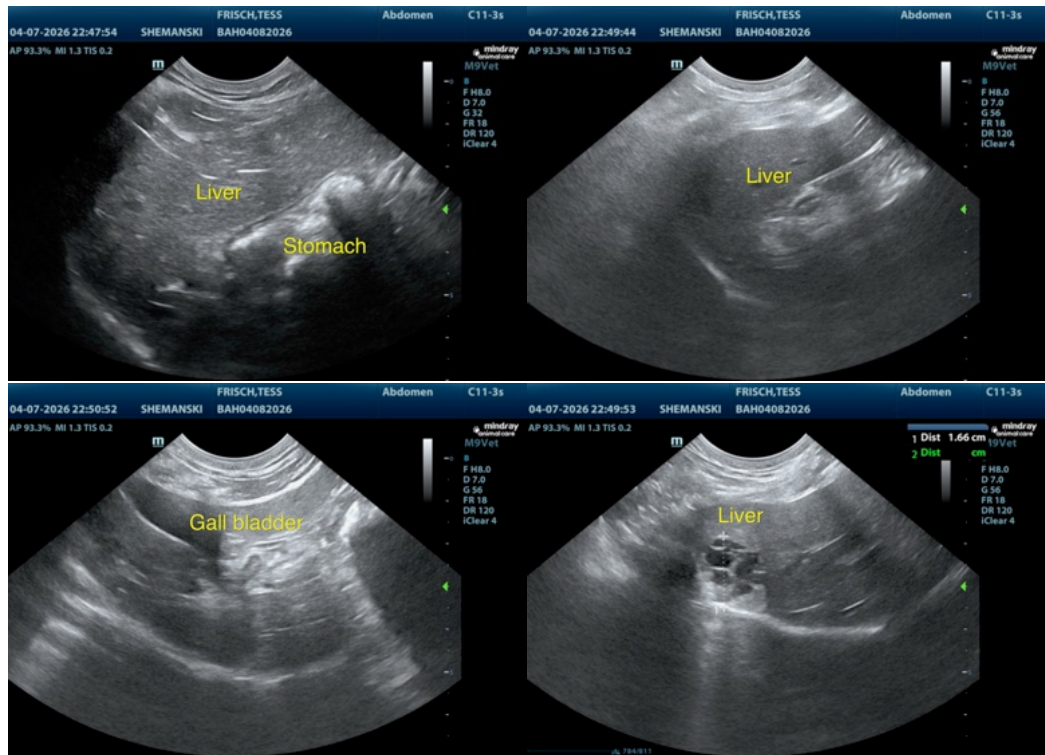
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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