



PATIENT

Mozart Wicks

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

12.84 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. Bob Lann

INVOICE

75120

DATE

5/1/26

PRESENTING CLINICAL SIGNS

History: Markedly elevated pancreatic lipase 4/6/2026 45.3 to >50 on 4/22/2026. Weight loss 16.6 lbs on June 18, 2025 (BCS 5/9) to 12.8 lbs on April 26, 2026 (BCS 4/9). History of DM diagnosed October 30, 2025. CKD Stage 1 diagnosed on April 6, 2026.

CLINICAL SIGNS: Weight loss

MEDICATIONS: Insulin Lantus 4 units BID, Cerenia 8 mg PO 2x/week beginning 4/6/2026, Gabapentin 50 mg BID beginning 4/6/2026.

April 22, 2026 Catalyst Pancreatic Lipase >50 U/L HIGH April 6, 2026 Catalyst Pancreatic Lipase 45.3 U/L HIGH CBC: RBC 6.46 M/uL LOW MCV 53.4 fL HIGH Eos 0.04 K/uL LOW Phosphorus 3.0 mg/dL LOW Urinalysis: Specific Gravity 1.014 LOW T4: 1.4 ug/dL WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant amount of 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 3.9 cm, right measured 4.1 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 0.62 cm in width. The right adrenal gland measured 0.58 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 0.9 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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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

The pancreas is of normal size with a hypoechogenic appearance and an irregular capsule. The right lobe was worse than the left lobe. A few, small, hypoechogenic parenchymal nodules are evident in the left lobe. Hyperechogenic appearance of the mesentery and fat surrounding the right lobe of 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas would be consistent with pancreatitis and most likely chronic active pancreatitis.

Although the nodules in the left lobe may be associated with the chronic changes, emerging neoplasia needs to be considered.

Further assessment would be FNA cytology of the pancreas especially if there is not a satisfactory improvement.

Management of the pancreatitis would be fluid therapy as needed, correction of any electrolyte anomalies, antiemetics, opioid analgesics and feeding small frequent meals of a low fat intestinal type diet.



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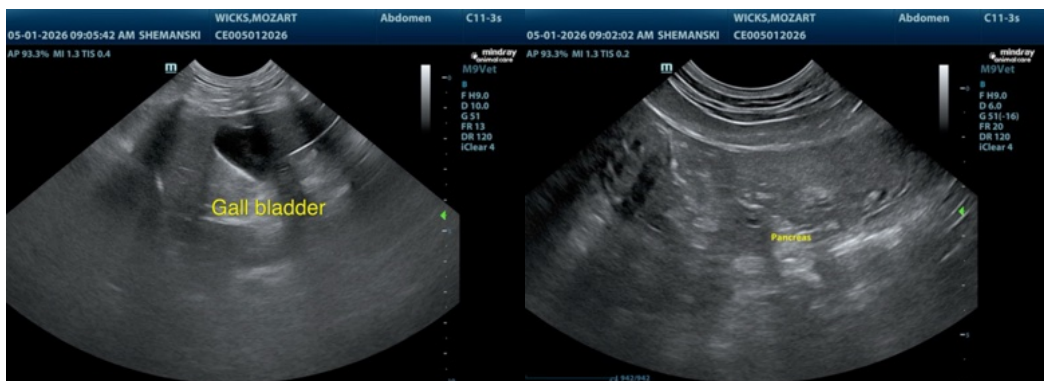
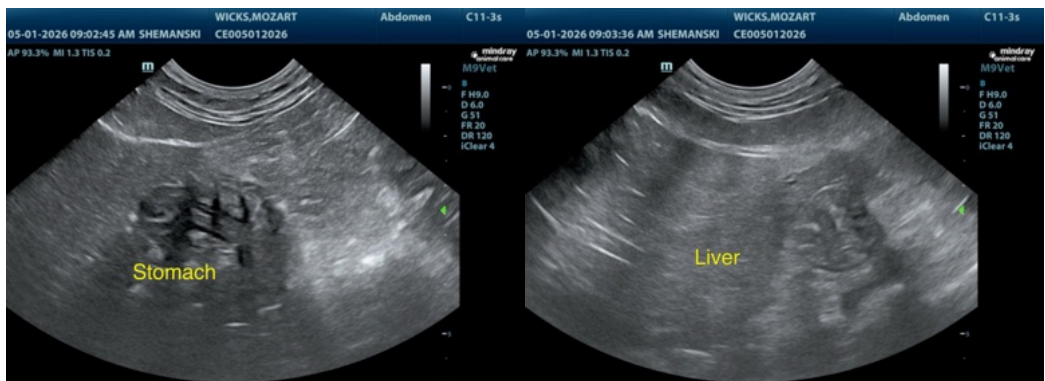
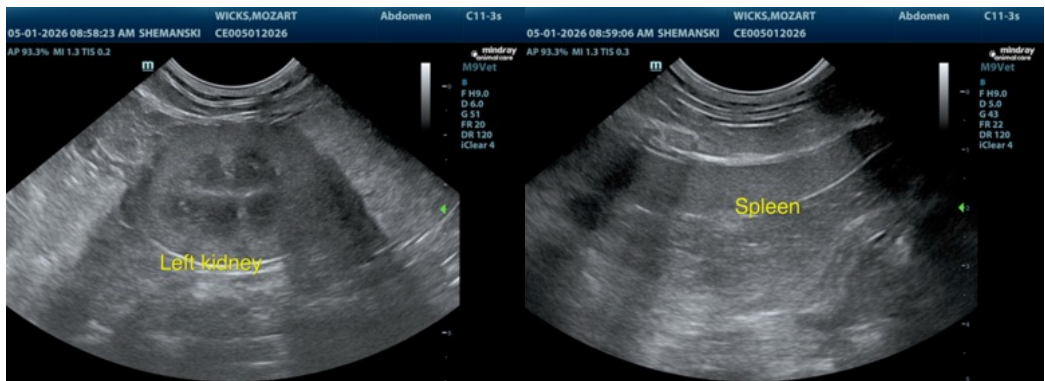
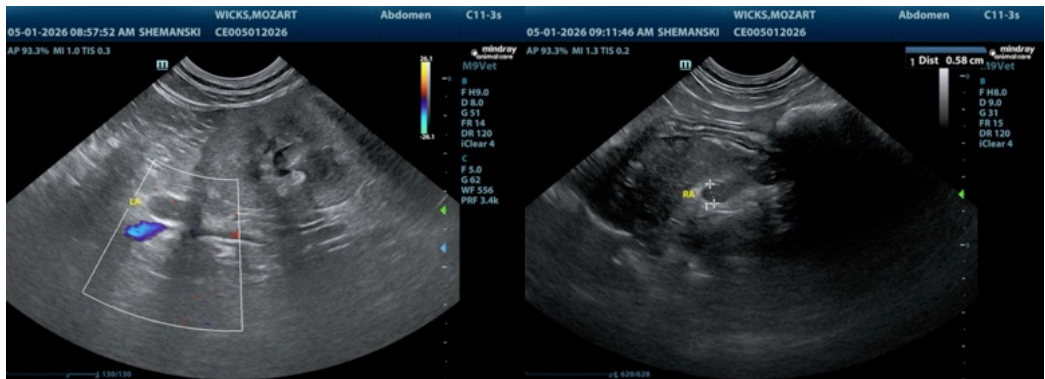
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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