



## PATIENT

Meeko Strausser

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

9 ½ years

## WEIGHT

16.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Heather Platzer

## HOSPITAL NAME

Hershire AH

## REFERRING VET

Dr. Gallisdorfer

## INVOICE

75494

## DATE

5/13/26

## PRESENTING CLINICAL SIGNS

History: History of chronic vomiting fluctuates from intermittent to daily with normal energy level and normal stools - vomit has ranged from food to just bile - unsure of full duration due to us seeing as new client in Nov 2025 - bw at that time increased quant pancreatic value but otherwise normal, chem 10 was also normal in April 2026- responds to cerenia when having daily episodes of vomiting. Current diet Blue Buffalo Tastefuls sensitive stomach diet  
Nov 2025 21.6LB. April 2026 18lb. Today 16.4LB.

## 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.

Normal renal size (left measured 4.0 cm, right measured 4.3 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 1.0 cm in length x 0.36 cm in width. The right adrenal gland measured 1.2 cm in length x 0.48 cm in width.

### *Spleen*

The spleen was diffusely enlarged and measured 1.2 cm in width with a normal echogenic appearance, smooth homogenous parenchyma and a scalloped appearance of the capsule. A bulge like effect is noted in the tail of the spleen. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.

### *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 a small amount of non-adhered, hyperechogenic sediment. 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 left pancreas was enlarged and measured 1.4 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.

## **ULTRASONOGRAPHIC FINDINGS**

- Pancreatic pathology.
- Splenomegaly.
- Gallbladder sediment.

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

Etiologies for the pancreatic pathology would be chronic active pancreatitis, chronic pancreatitis and possibly neoplasia.

Etiologies for the splenomegaly would be reactive hyperplasia, splenitis and possibly infiltrative neoplasia.

The gallbladder sediment can be considered an incidental finding.

Further assessment would be FPL/PSL assay and FNA cytology of the spleen and the pancreas.

Specific therapy would be dependent on an etiological diagnosis.



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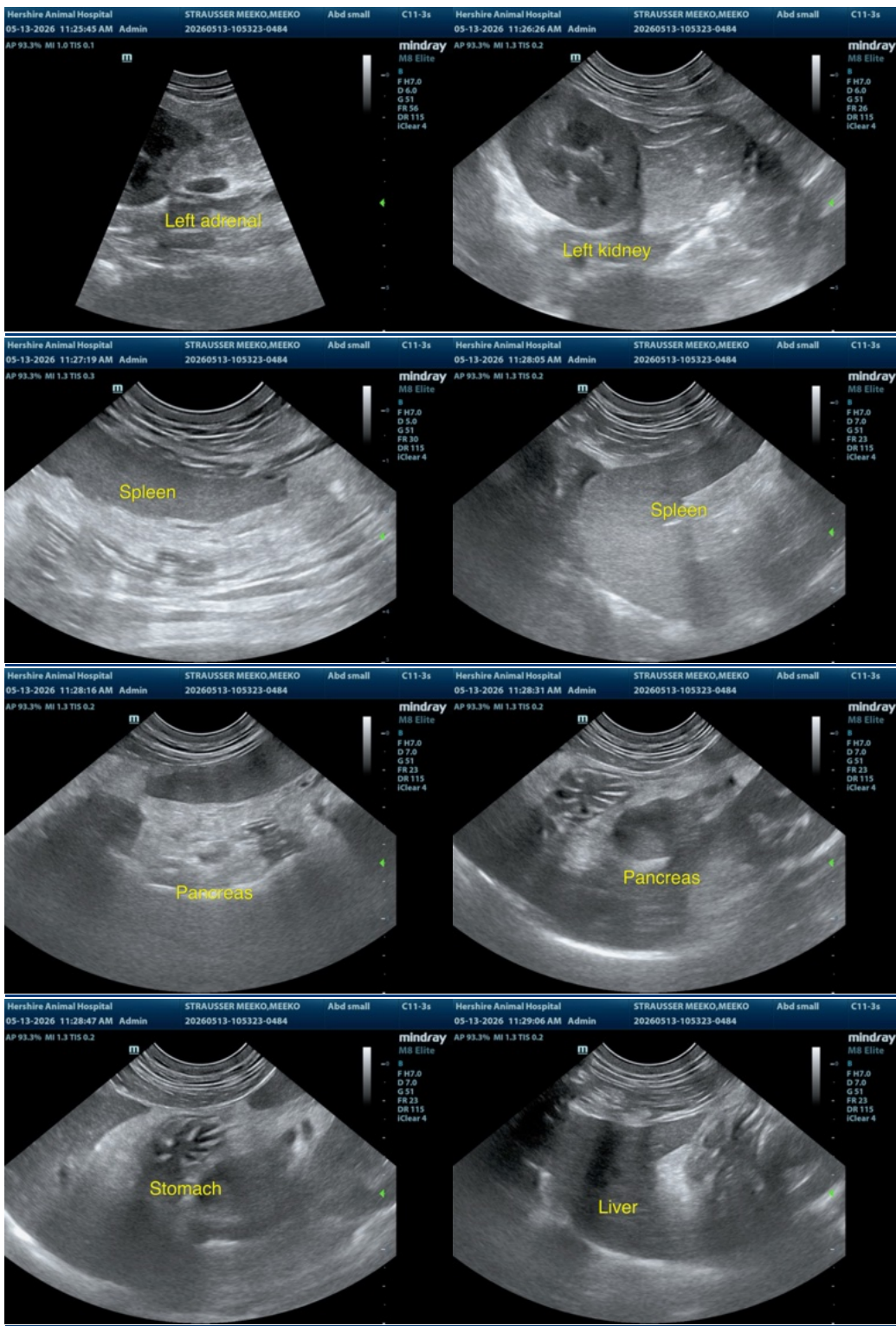
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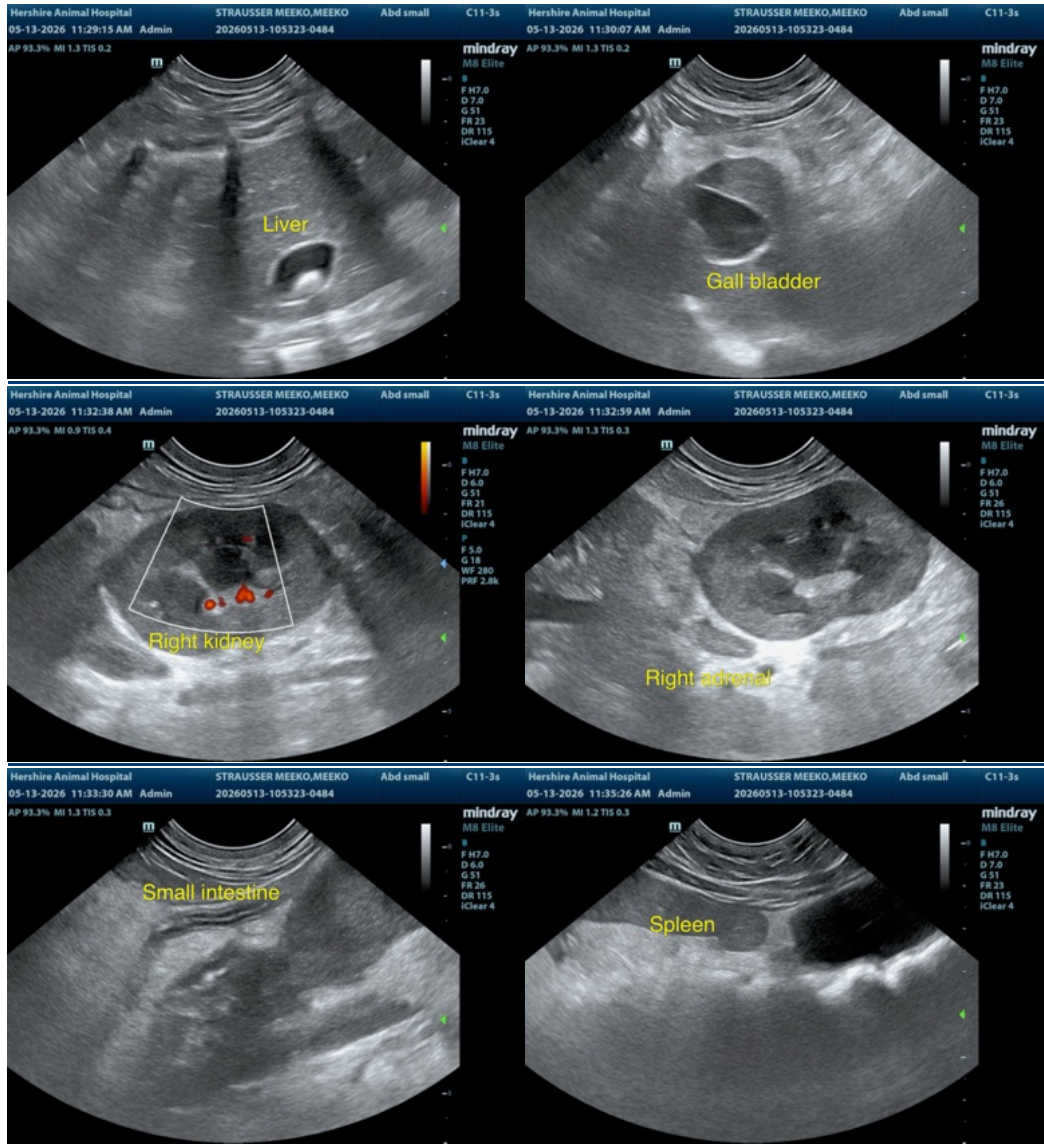
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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