



PATIENT

Frankie Burrell

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

6 years

WEIGHT

16.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Danielle Shemanski

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Dr. Daniel Handler

INVOICE

11957

DATE

5/14/2026

PRESENTING CLINICAL SIGNS

History of chronic vomiting with intermittent anorexic flare-ups, most recently seen on May 5, 2026. Managed with at-home medications and SQ fluids. Previously discussed prescription diets but not currently on one. Mild weight loss noted (1.5 lb). Bartonella positive in 2025. Mild medial strabismus noted on Feb 6, 2026.

Patient presented for abdominal ultrasound due to chronic vomiting and recent pancreatitis diagnosis. Frankie remains hyporexic and requires syringe feeding to maintain weight; currently eating ground turkey with multiple food aversions after illness. Cerenia helps control vomiting. Longstanding sensitive GI tract. No diarrhea or hairballs reported. Receiving SQ fluids at home. Owner notes mildly warm ears over the past few days.

CLINICAL SIGNS: Chronic vomiting, Anorexia/hyporexia.

MEDICATIONS: Gabapentin 50 mg/mL: 1.5 mL PO BID x 7 days, Cerenia/Maropitant 16 mg: 1 tablet PO SID x 4 days, Lactated Ringer's Solution: 300 mL SQ SID x 6 days, Sucralfate suspension 1 g/10 mL: 2.5 mL PO BID, 1 hour before feeding.

Abnormal PE/Chem/CBC/UA Results: May 5, 2026 Catalyst Pancreatic Lipase 30.8 U/L HIGH (Pancreatic lipase is consistent with pancreatitis 8.8 U/L) May 1, 2026 CBC Hemoglobin 30.3 g/dL HIGH MCV 57.6 fL HIGH MCH pg HIGH MCHC 74.8 g/dL HIGH Lymphocytes 0.84 K/uL LOW Monocytes 0.01 K/uL LOW Basophils 3.93 K/uL HIGH Blood chem Glucose 257 mg/dL HIGH Globulin 5.5 g/dL HIGH ALP 174 U/L HIGH Cholesterol 313 mg/dL HIGH Endocrinology T4 1.3 ug/dL WNL

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 renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, and capsule. No infarcts, mineralization or renoliths evident. Mild bilateral pyelectasia noted. Left kidney measures 4.9 cm, and the right kidney measures 4.6 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature.

Left adrenal measures 0.41 cm in width. Right adrenal measures 0.5 cm in width.

Spleen

Enlarged measuring 1.2 cm in width but maintaining a normal echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.



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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

Small 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

Enlarged left pancreas measuring 0.8 cm in width, with a mottled, echogenic appearance and an irregular capsule. Increased echogenic appearance of the mesentery and fat surrounding the pancreas. Focal mottled echogenic parenchymal nodule in the body of the right pancreas measuring approximately 1.2 cm x 1.3 cm in size.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

Normal appearance of the heart. No pleural or pericardial effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis.
- Pancreatic nodule.
- Pyelectasia.
- Splenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the pancreatic nodule would be an incidental granuloma abscessation, and possibly emerging neoplasia.

Although the pyelectasia is most likely incidental and secondary to the fluid therapy, underlying low grade pyelonephritis should still be considered.

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

Further assessment would be urinalysis, possibly urine culture, and FNA cytology of the spleen and pancreatic nodule.



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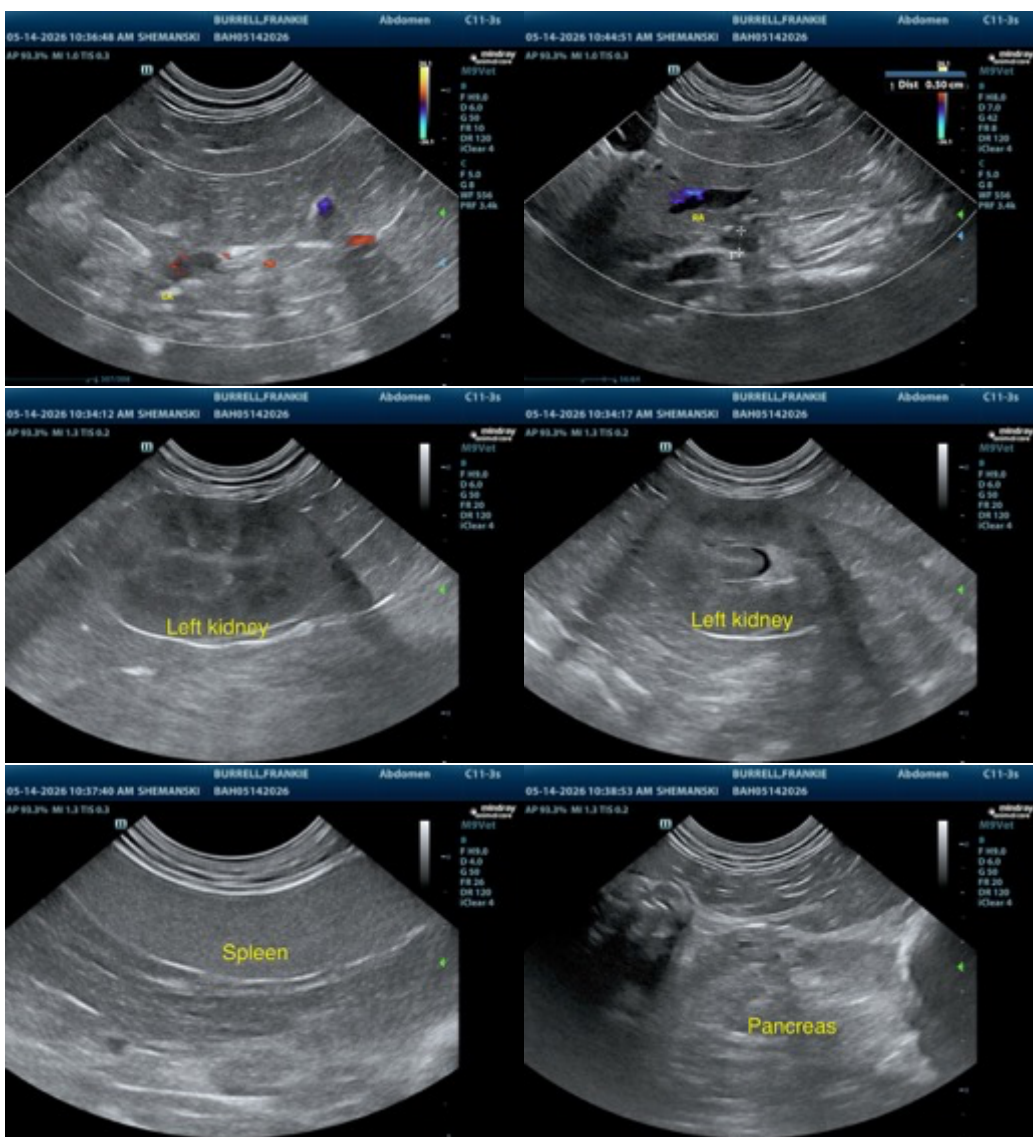
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Further specific therapy would be dependent on an etiological diagnosis.

Management of the chronic pancreatitis would be feeding small frequent meals of an intestinal type diet and the use of analgesics and antiemetics as needed. A course of prednisolone could also be considered to reduce the inflammation within the pancreas.





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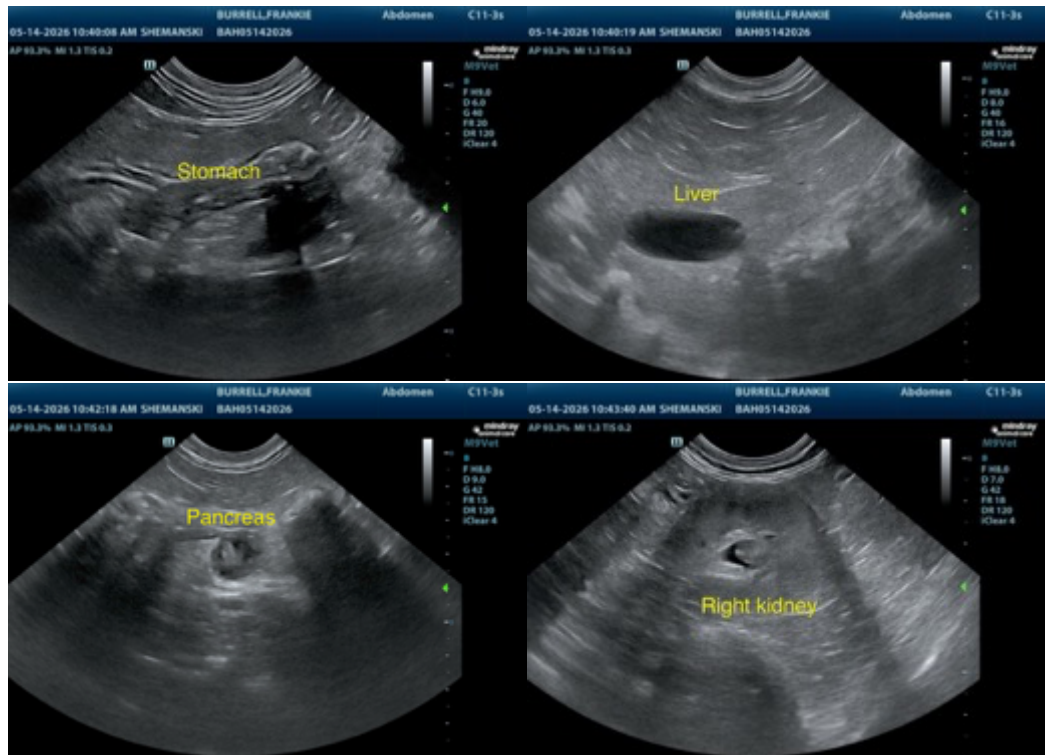
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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