



PATIENT

Percy Leclizio

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

10.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Laurel Logas

HOSPITAL NAME

Bradenton VH

REFERRING VET

Dr. Brackee

INVOICE

77617

DATE

5/15/26

PRESENTING CLINICAL SIGNS

History of Feline hyperthyroidism, previously on Methimazole. The methimazole was discontinued on Monday due to low white blood cell count, and scheduled for T4 testing on Wednesday this week. Currently has 6mm thyroid nodule palpable in ventral neck. Presents today with dehydration, not eating well, vomiting, skin hyperemia on head and ventral surface of torso.
5-11-2026 WBC 3.58 (3.66-16.3) RBC 7.44 HCT 35.7 BUN 28 Cre 1.0 Glu 128

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 3.7 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

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.35 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

Spleen

The spleen is enlarged (1.2 cm in width), but maintained a 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.

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

The gallbladder is small containing normal anechoic bile. Thickened and hyperechogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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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 visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly
- Previous cholecystitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenomegaly would be reactive hyperplasia with splenitis and infiltrative neoplasia an unlikely differential diagnosis.

The most likely etiology for the presenting clinical signs, would be non-specific gastroenteritis such as dietary indiscretion, toxins and viral, drug reaction and pancreatitis would be possible differential diagnosis. The latter even though the visible section of the pancreas appears ultrasonographically normal.

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

Initial management would be fluid therapy, correction of any electrolyte anomalies (if needed), antiemetics and feeding small frequent meals of a low-fat intestinal type diet.

Specific therapy would be dependent on an etiological diagnosis.



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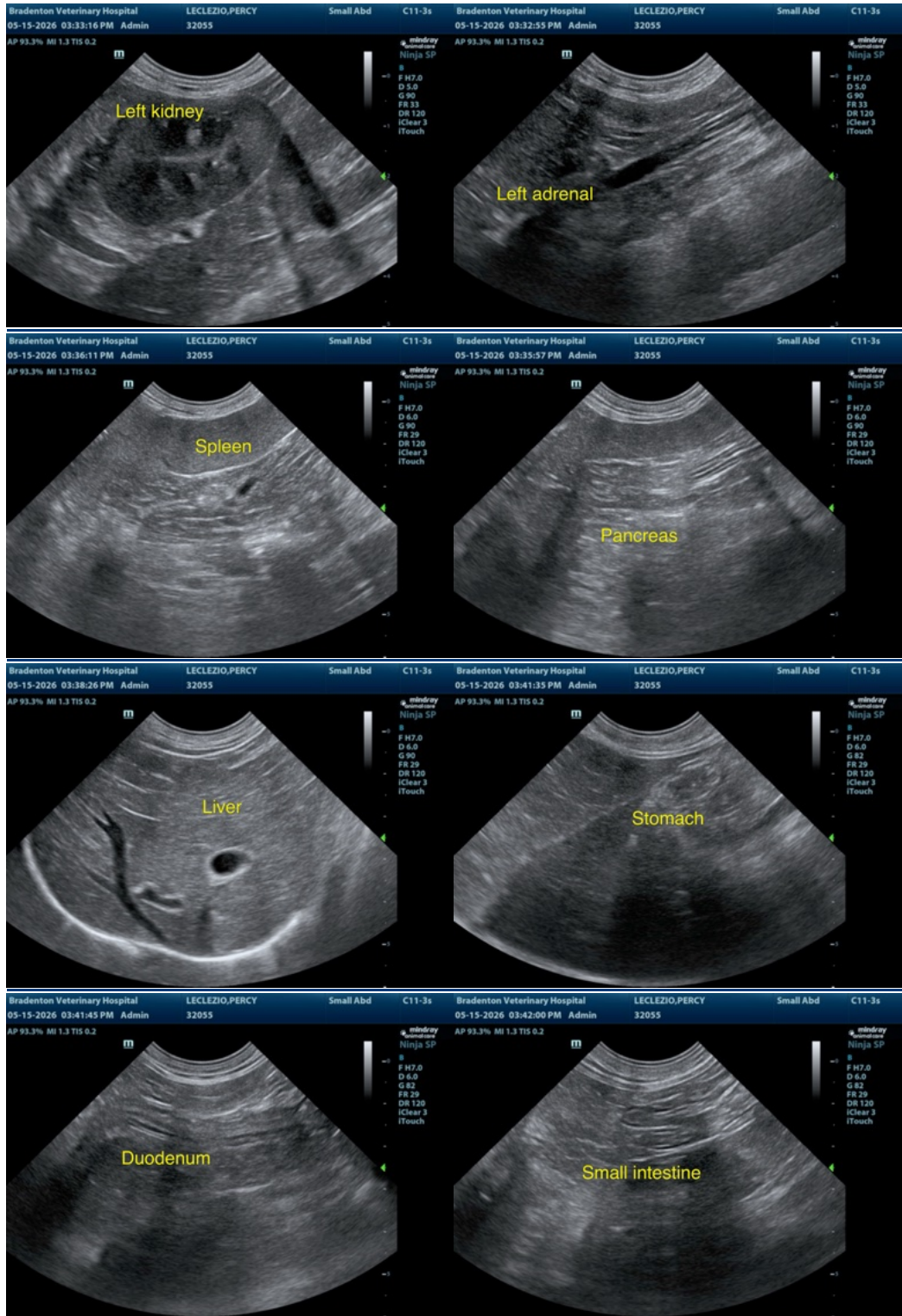
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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