



PATIENT

Ayala Bubb

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

4 years

WEIGHT

11.92 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. Hartmann

INVOICE

77800

DATE

5/20/26

PRESENTING CLINICAL SIGNS

Ayala is a 4-year-old FS DSH who presented for an abdominal ultrasound for evaluation of non-regenerative anemia. The owner reports lethargy and decreased appetite for the last 1-2 weeks. The lethargy seems to worsen at night, with more prominent third eyelids. She is still using the litter box, but with decreased frequency. She is primarily eating squeeze treats and a small amount of dry food. The owner has been using a pill popper to administer medications, which were started last night.

CLINICAL SIGNS:

Lethargy, and decreased activity for 1-2 weeks.

MEDICATIONS: - started last night

Doxycycline 100 mg ¼ tab BID

Prednisolone 5 mg 2 tabs BID

Abnormal PE/Chem/CBC/UA Results: May 18, 2026 RBC 2.72 6.54 - 12.20 M/ μ L LOW HCT 14.1 30.3 - 52.3 % LOW HGB 4.1 9.8 - 16.2 g/dL LOW RETIC-HGB 12.3 13.2 - 20.8 pg LOW MONO 1.82 0.05 - 0.67 K/ μ L HIGH EOS 0.06 0.17 - 1.57 K/ μ L LOW PLT 33 151 - 600 K/ μ L LOW PCT 0.07 0.17 - 0.86 % LOW ALT < 10 12 - 130 U/L LOW - FeLV/FIV/Heartworm: Negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment was noted.

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 4.2 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 0.38 cm in width. The right adrenal gland measured 0.44 cm in width.

Spleen

The spleen is enlarged and measured 1.4 cm in width, but maintained a normal echogenic appearance, smooth homogenous parenchyma and a regular curvilinear capsule. FNA was taken of the spleen.



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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

The gallbladder is full containing a moderate amount of non-adhered, hyperechogenic sediment. A moderate 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 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.

A scant amount of ascites is present.

Thorax

Normal appearance of the heart. A small amount of pericardial and pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly.
- Biventricular effusion.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenomegaly would be reactive hyperplasia and infiltrative neoplasia with splenitis a less likely differential diagnosis.



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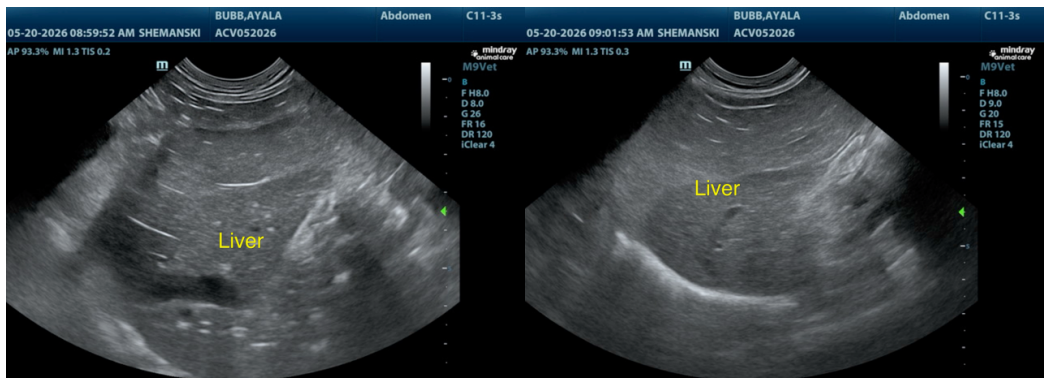
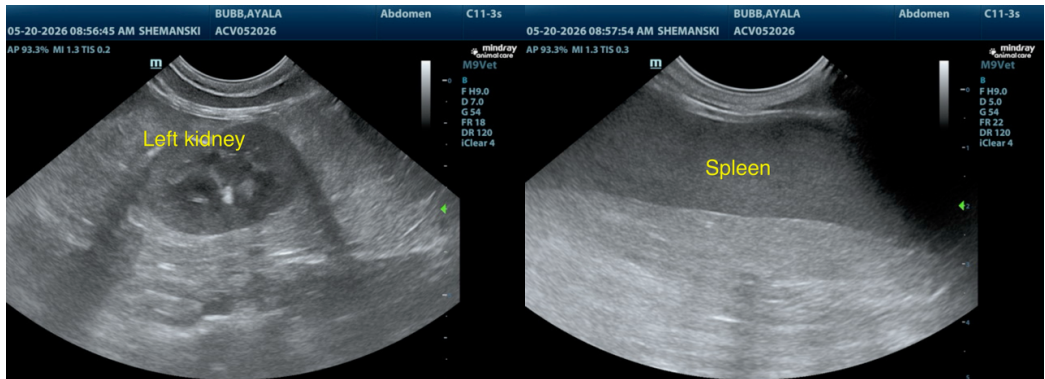
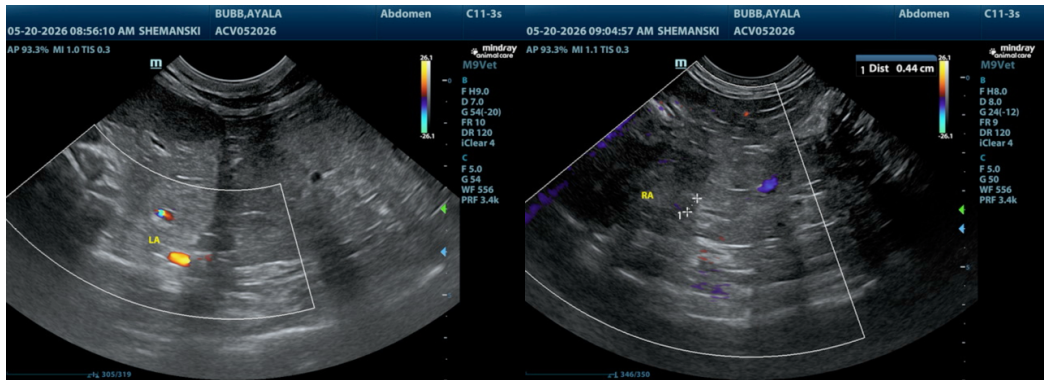
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With the presence of bicavitary effusion as well as pericardial effusion, neoplastic disease would be an important consideration.

The gallbladder is most likely an incidental finding.

Further assessment and therapy needs to be based on the pending cytology results.





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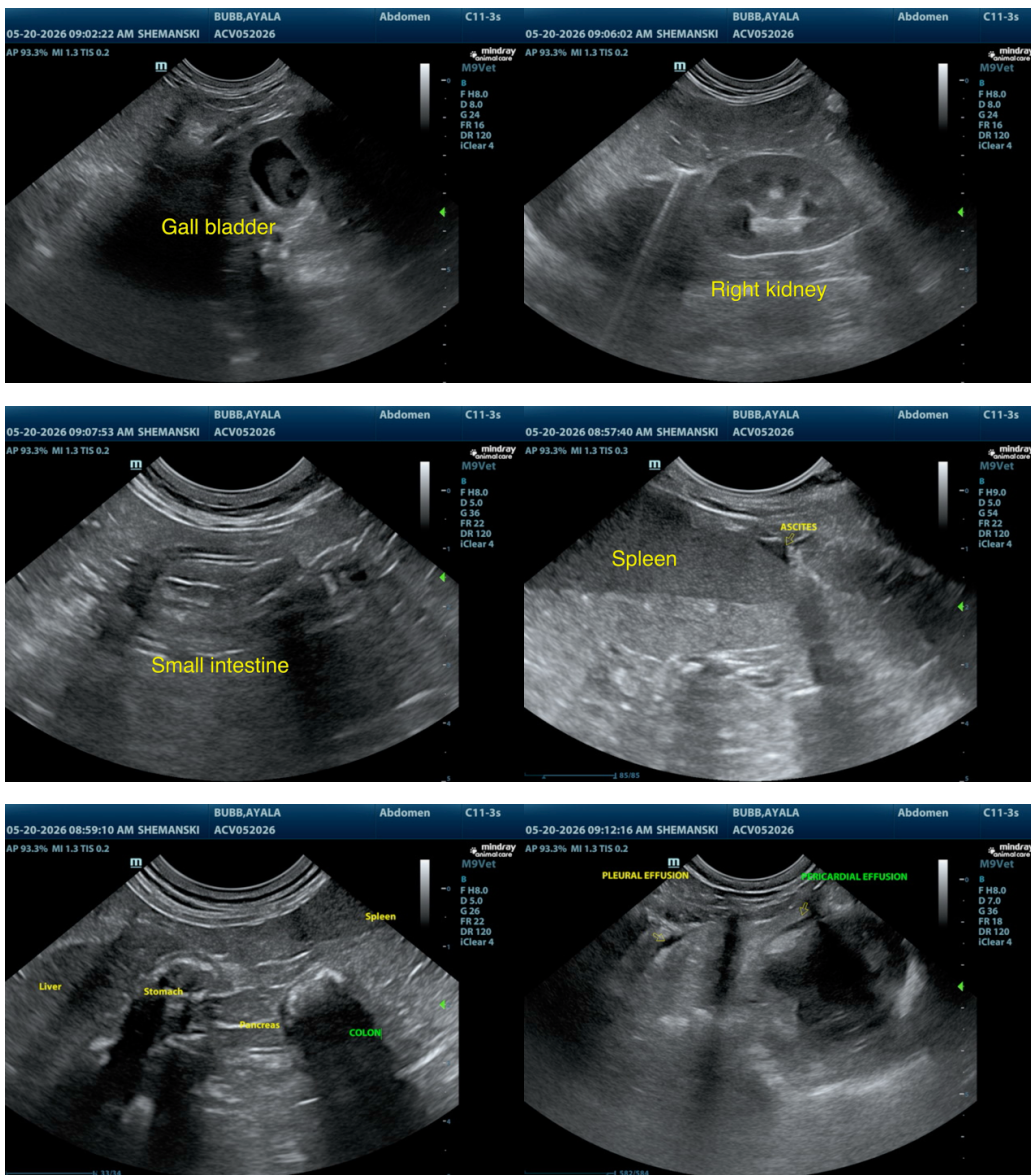
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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