



PATIENT

Disco McLaurin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

10.75 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Naomi Salama DVM

INVOICE

15931

DATE

05/07/26

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Poor appetite, weight loss, hyperbilirubinemia, and hepatic encephalopathy. Disco has a ~3-week history of reduced appetite and reduced social behavior. He occasionally vomits around the house; the owner reports the frequency is variable but could be a few times a month and has not increased recently. The owner reports Disco drinks and urinates a normal amount. Physical exam by the rDVM found concern for cranial organomegaly or a mass on the left side. Serum was noted to be very yellow. History: The owner reports Disco has had a reduced appetite over the last several weeks, which has resulted in weight loss. He is eating some, but not as much as he was a few months ago. Water intake is normal, with no camping at the water bowl. He has not been vomiting lately. The owner notes that historically, he would occasionally vomit small amounts of clear fluid, but this has not been an issue recently. The owner feels his spine more prominently than before. CLINICAL SIGNS: Poor appetite, Weight loss. MEDICATIONS: Cerenia 1/4 of a 16mg tab SID Gabapentin 100mg prior to vet exams for anxiety

Abnormal PE/Chem/CBC/UA Results: April 8, 2026 Blood Chem Phosphorus 7.1 mg/dL HIGH Chloride 113 mmol/L LOW Anion Gap 29 mmol/L HIGH ALT 215 U/L HIGH AST 111 U/L HIGH ALP 283 U/L HIGH GGT: 6 (high normal) HCT: 31% (low normal) Total bilirubin 1/1 mg/dL HIGH Bilirubin 0.6 mg/dL HIGH Unconjugated bilirubin 0.5 mg/dL HIGH Lipase 91 U/L CRITICAL HIGH Eosinophil 72/uL LOW Amylase: Normal CBC: Relatively unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with a scant amount of floating 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 3.4 cm in length. The right kidney measured 3.8 cm in length. Normal color flow pattern was evident bilaterally.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.46 cm in width. The right adrenal gland measured 0.37 cm in width.

Spleen

Enlarged measuring up to 1.5 cm in width with bulging of the overlying capsule noted in certain areas, maintaining a normal echogenic appearance and a smooth homogenous parenchyma. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.

Liver



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Enlarged with rounded edges with a diffuse increased echogenic appearance. Normal portal markings and a regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

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Gallbladder

Full gallbladder containing a moderate amount of nonadhered hyperechogenic sediment. Normal thickness and echogenic 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.

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Pancreas

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.

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Free Abdomen

Prominent appearance of the mesenteric lymph nodes but maintaining a normal shape and echogenic appearance.

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A small amount of ascites is present.

Thorax

Normal appearance of the heart. No pericardial effusion is evident. A small amount of pleural effusion is present.

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ULTRASONOGRAPHIC FINDINGS

- Splenomegaly.
- Hepatopathy.
- Bi-cavitary effusion.
- Mild mesenteric lymphadenomegaly.
- Gallbladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the appearance of the spleen, hepatopathy, mild mesenteric lymphadenomegaly and the bi-cavitary effusion, neoplasia such as lymphoma would be an important consideration with granulomatous disease a possible differential diagnosis. Further assessment and therapy need to be based on the pending cytology results.

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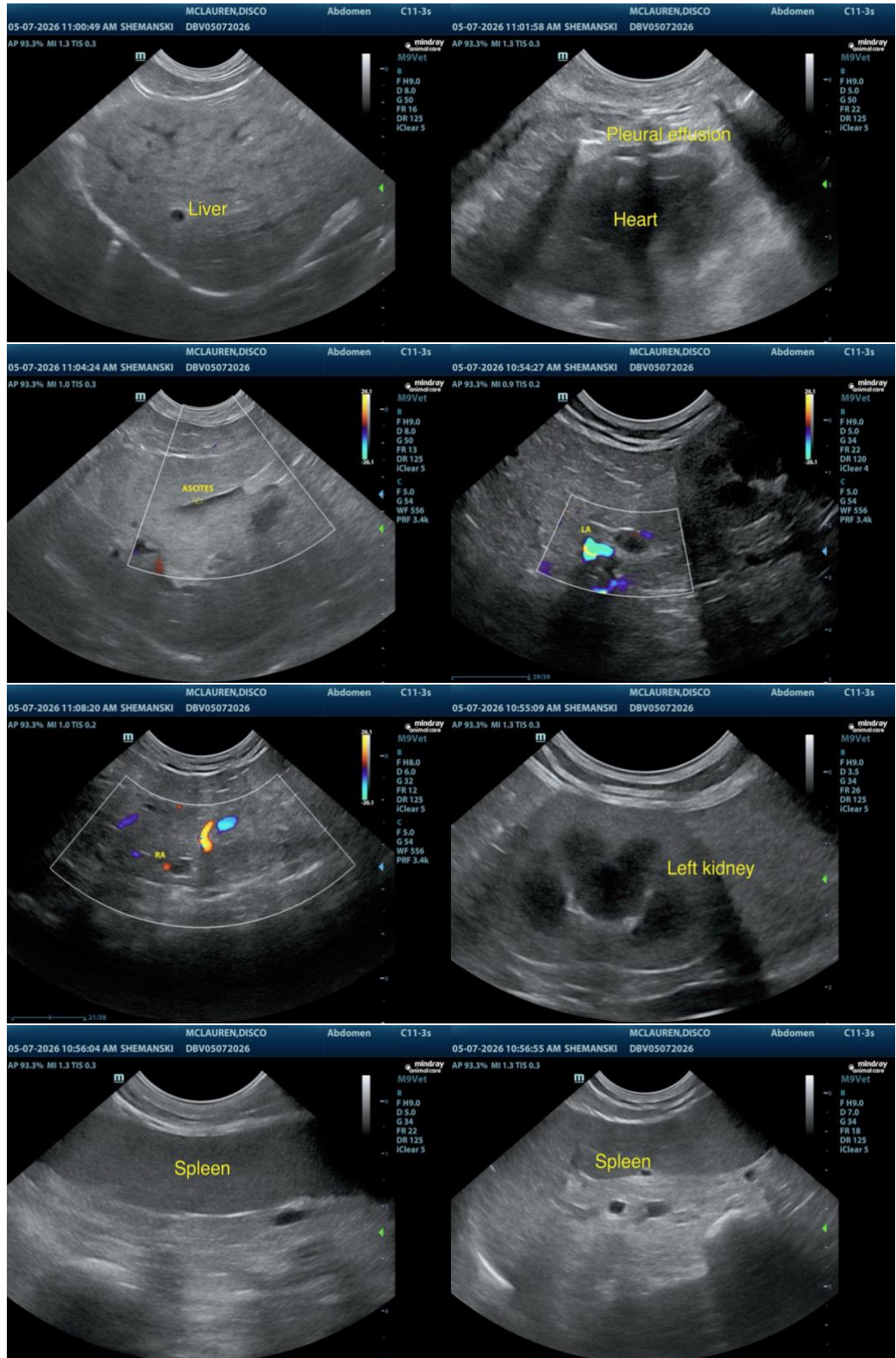
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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