



PATIENT

Missy Moo Kingsley

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

10.36 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. Robert Lann

INVOICE

78806

DATE

6/17/26

PRESENTING CLINICAL SIGNS

The patient was presented for an abdominal ultrasound due to an ongoing elevated liver values, no longer responsive to Denamarin.

- ALT 877 and AST 432 on 04/15/2026.

- Some response to Convenia and Veraflox. ALT was 458 and AST was 242 on 05/26/2026.

Additional history: Prior history of elevated liver values at Victor Vet Care that improved on Denamarin, which was started on 04/25/2025.

- ALT 296, - ALP 207, - Bilirubin 0.7

Also has a history of a right upper lip rodent ulcer. She was on prednisone for this, which was stopped in April 2026.

CLINICAL SIGNS: Owner reports she has only vomited twice since adoption in October 2021

MEDICATIONS: None

*Administered 0.1 mL butorphanol IM for sedation for the ultrasound.

Abnormal PE/Chem/CBC/UA Results: Current Laboratory Abnormalities (as of 05/26/2026) -

Elevated globulin: 5.8 g/dL - Elevated ALT: 458 U/L - Elevated ALP: 242 U/L - GGT: 0 - Total bilirubin:

1.2 mg/dL - Cholesterol: 303 mg/dL

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 4.0 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.

Adrenal Glands

Normal 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 measured 0.39 cm in width.

Spleen

Normal size and 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. The spleen measured 1.0 cm in width.



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Liver

Normal size, echogenic appearance, prominent 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 small amount of non-adhered, hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Dilated and tortuous appearance of the cystic and common bile duct with no obvious obstruction evident. Normal size and appearance of the cystic and common bile duct. The common bile duct measures 0.3 cm in diameter.

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.

Focal, prominent hepatic lymph node measuring 0.4 x 1.1 cm in size maintaining normal shape and echogenic appearance.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Gallbladder sediment.
- Dilated bile duct.
- Prominent hepatic lymph node.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be chronic cholangiohepatitis complex with neutrophilic/lymphocytic cholangitis differential diagnosis.

Although the dilated bile duct is most likely an incidental age related finding, it can be associated with chronic cholangitis.

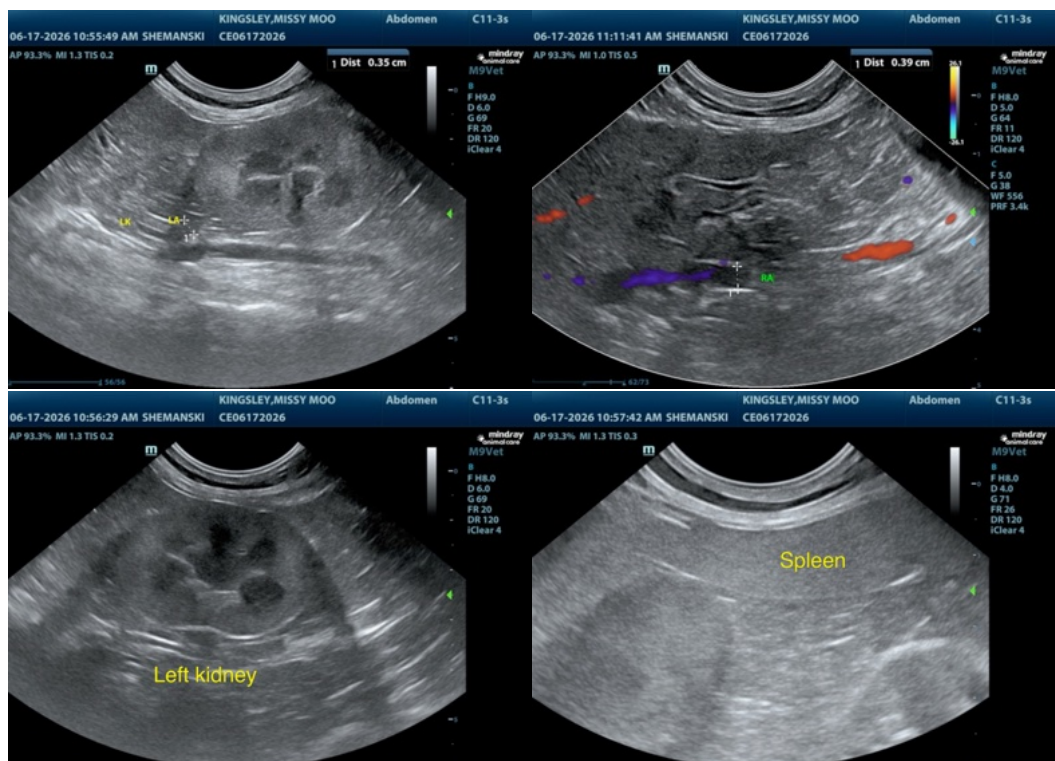
The gallbladder sediment can be considered an incidental finding.

The most likely etiology for the hepatic lymph node would be reactive hyperplasia secondary to the hepatopathy.

Further assessment would be FNA cytology of the liver. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered would be a course of antibiotics (Penicillin, Cephalosporins, quinolones), Ursodiol and possibly a course of Prednisolone.





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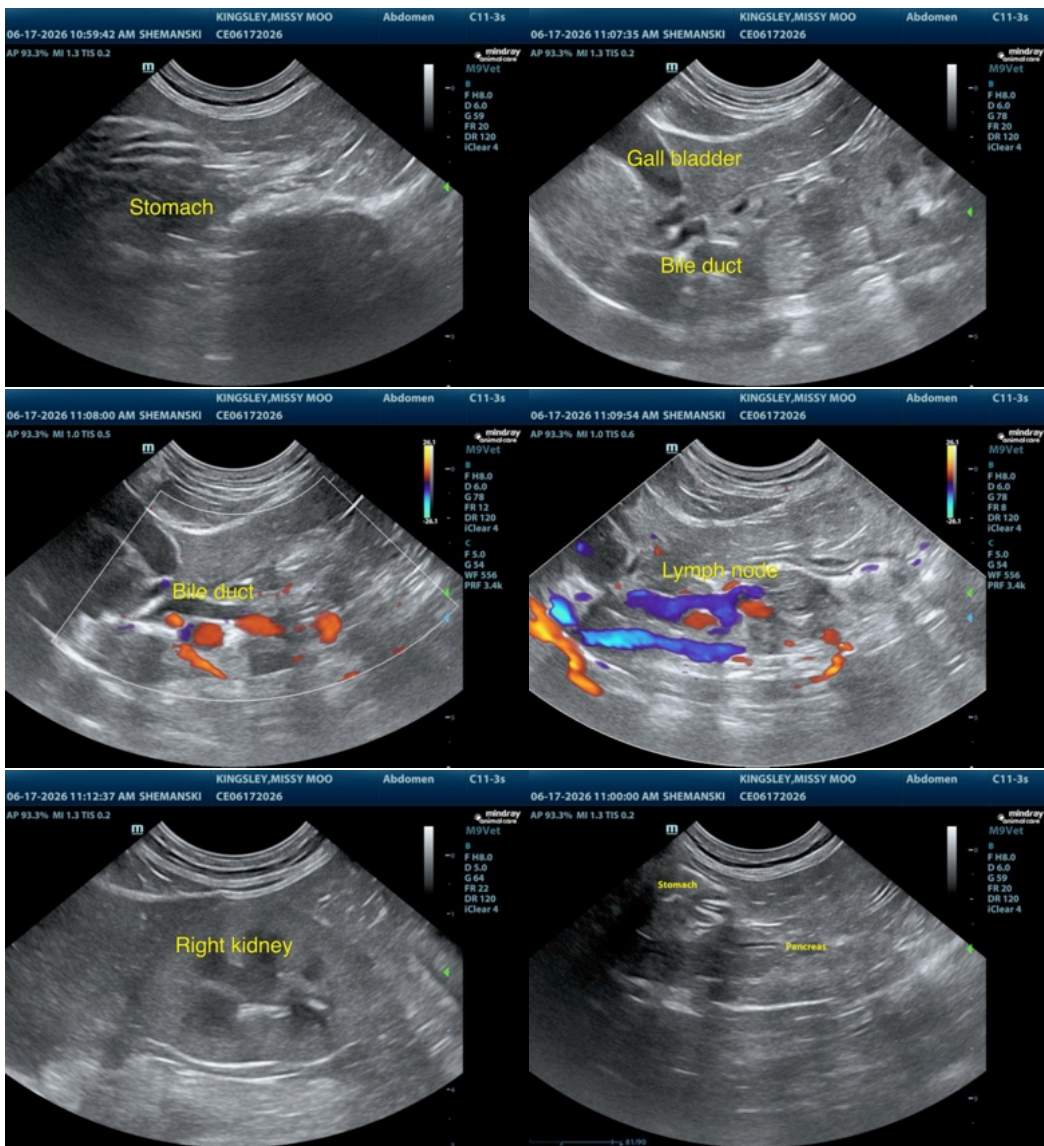
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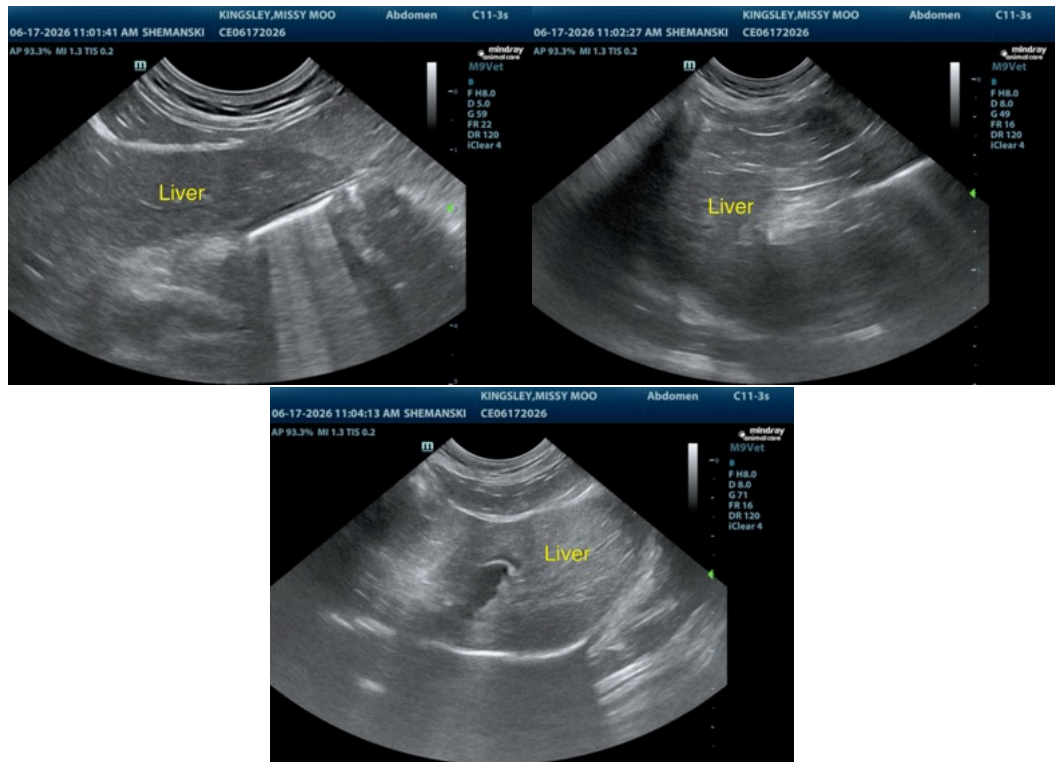
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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