



PATIENT

Citrus Boss

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

11 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. Bella DeGelorm

INVOICE

12111

DATE

6/5/2026

PRESENTING CLINICAL SIGNS

Chronic vomiting. Suspect gastroenteritis due to hairballs and inflammation of the GIT from excessive vomiting vs GI lymphoma vs other.

History: The patient has experienced daily liquid vomiting for three weeks, including a severe episode of hematemesis (vomiting blood). Abdominal radiographs were normal, showing only fluid and gas in the GI tract. Despite transitioning to a bland diet and receiving medications like Cerenia and sucralfate, there has been no improvement. The patient currently exhibits a decreased appetite, significant weight loss over the past two weeks, and increased lethargy.

CLINICAL SIGNS: Chronic Vomiting and severe weight loss.

MEDICATIONS: Forti-flora.

Abnormal PE/Chem/CBC/UA Results: May 14, 2026 CBC: Lym: 0.78 10⁹/l L Comprehensive: ALP: 8 U/L L.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing a scant amount of floating hyperechogenic sediment with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no 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, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 3.7 cm, and the right kidney measures 3.7 cm.

Adrenal Glands

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

Left adrenal measures 0.35 cm in width, and the right adrenal measures 0.38 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 measures 0.8 cm in width.

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



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Full 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 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. The stomach contains a focal, hypoechoic, poorly vascularized mass in the region of the cardia. The mass measures approximately 1.7 cm x 2.6 cm in size. The remainder of the stomach is normal with a small amount of fluid accumulation.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. Left pancreas measures 0.4 cm in width.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Gastric mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the gastric mass would be neoplasia with granuloma a less likely differential diagnosis.

Further assessment would be Three View thoracic radiographs, and if possible, FNA Cytology of the mass. Gastroscopy with biopsies could also be considered.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be attempted would be feeding small frequent meals of an intestinal type diet, antiemetics, and gastric protectants (omeprazole, sucralfate.)



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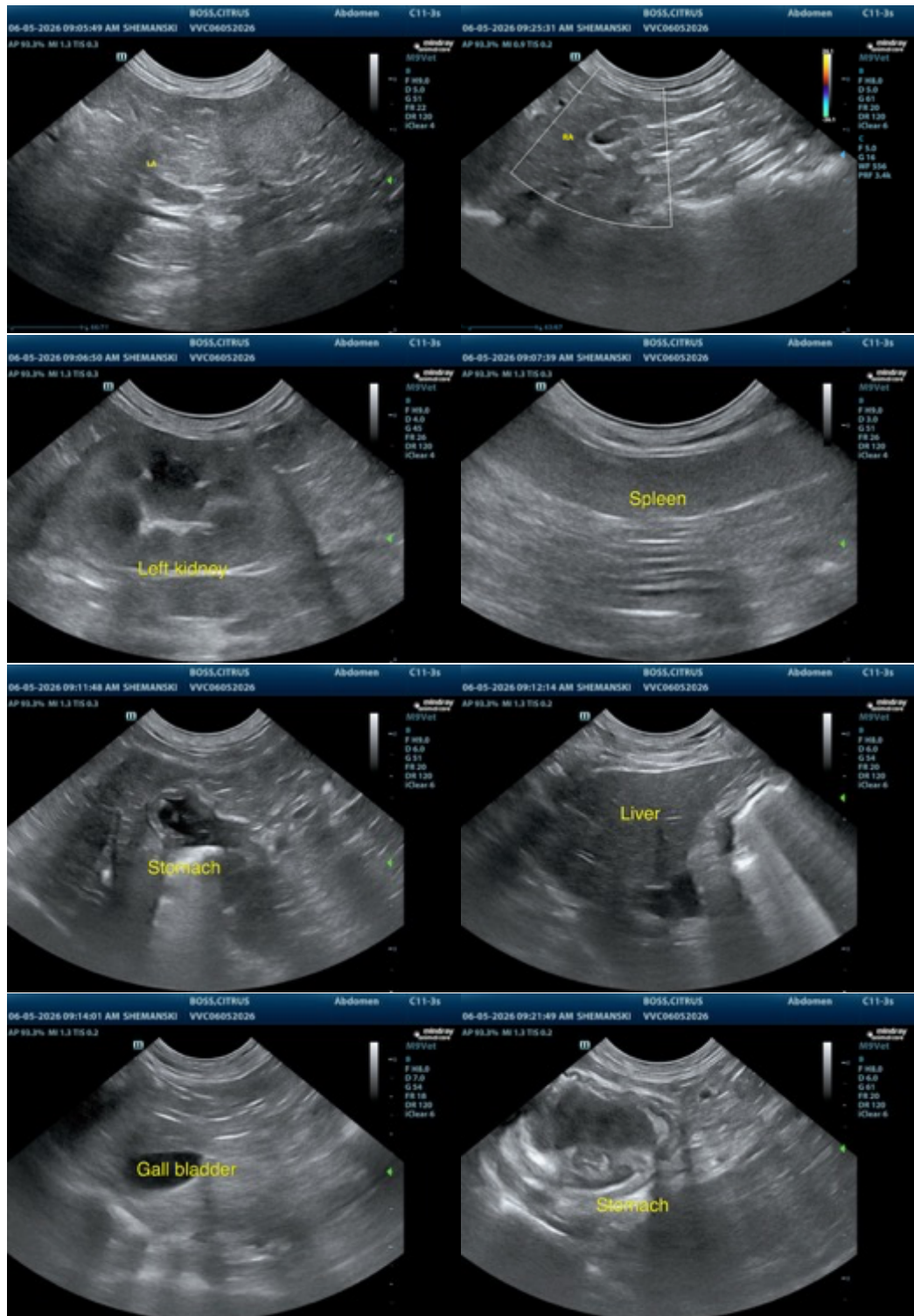
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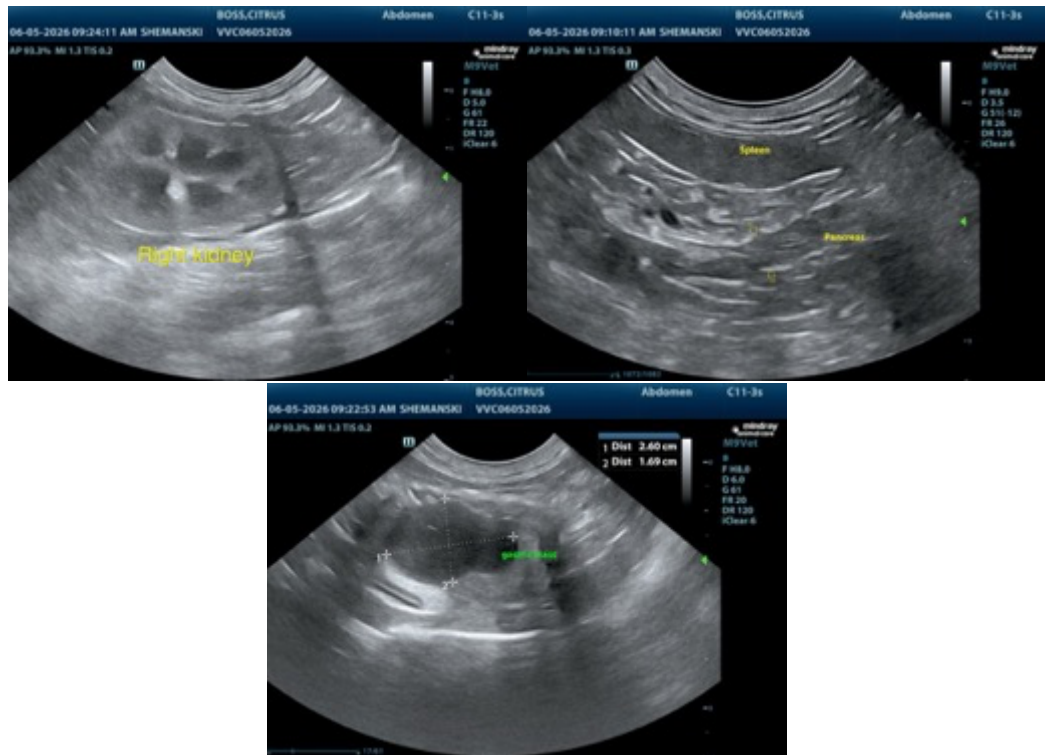
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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