



PATIENT

Skippy Barry

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male

AGE

10 years

WEIGHT

10.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Smithfield AH

REFERRING VET

Dr. Boe

INVOICE

70204

DATE

1/16/26

PRESENTING CLINICAL SIGNS

History: Fluid in abdomen.

WBC 24.35; Neu 21.09; Mono 0.84; EOS 0.09; Cre 0.6; Ca 7.5; TP 9.9; Glob 7.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small 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 (left measured 4.5 cm, right measured 4.7 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 0.43 cm in width. The right adrenal gland was not visualized.

Spleen

The spleen was enlarged and measured 1.2 cm in width with an increased echogenic appearance, but maintained a 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. Small, focal, hypoechoic parenchymal nodule in the caudal aspect of the right lobe measuring 0.6 x 1.0 cm in size. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is small containing normal anechoic bile. 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.

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

Enlarged mesenteric lymph nodes measuring up to 1.7 x 2.2 cm in size with a rounded shape and hyperechogenic appearance.

A large amount of cellular ascites is present.

Pleural effusion is evident.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly.
- Mesenteric lymphadenomegaly.
- Ascites.
- Pleural effusion.
- Hepatic nodule.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the splenomegaly, mesenteric lymphadenomegaly and bicavitary ascites the most likely etiology would be neoplasia such as lymphoma with granulomatous disease and FIP a differential diagnosis.

The hepatic nodule is most likely an incidental reactive hyperplasia. The most likely etiology for the urinary bladder sediment would be incidental debris.

Further assessment would be analysis of the pleural and ascitic fluid and FNA cytology of the spleen and mesenteric lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.



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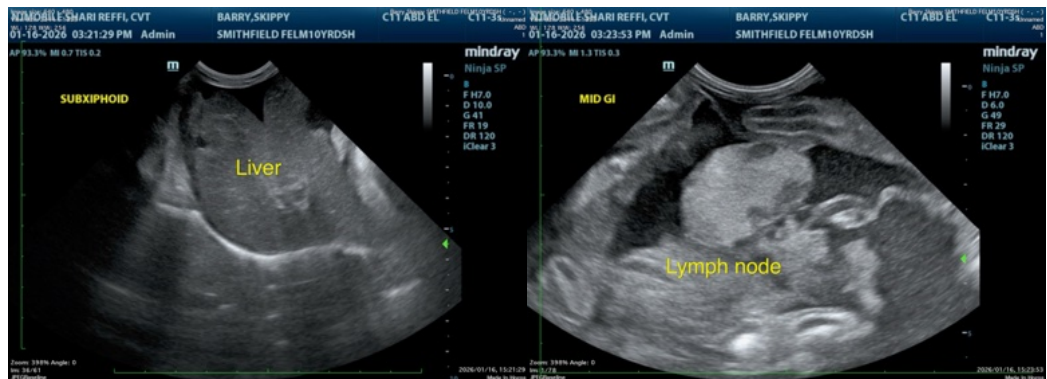
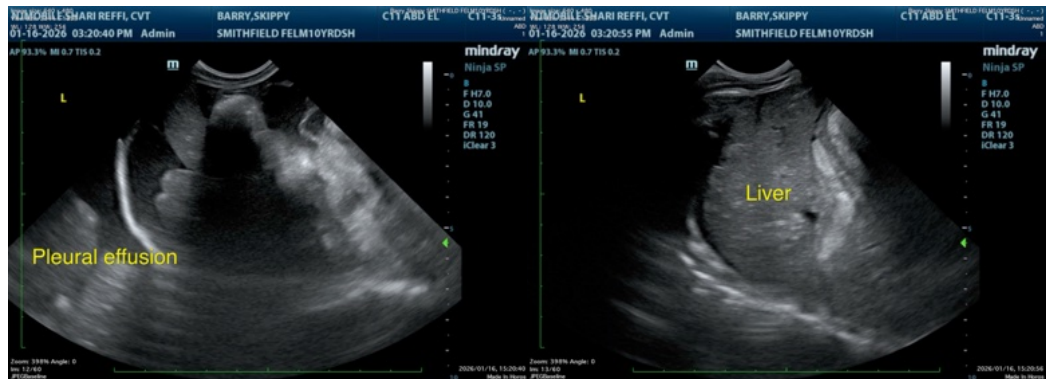
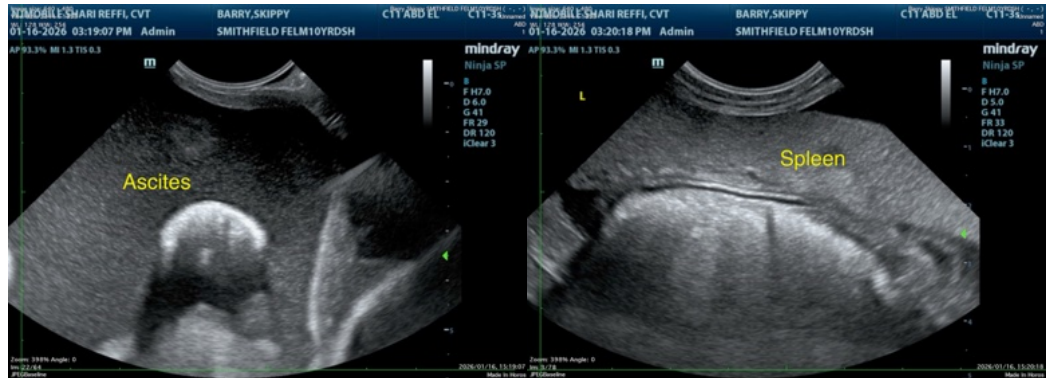
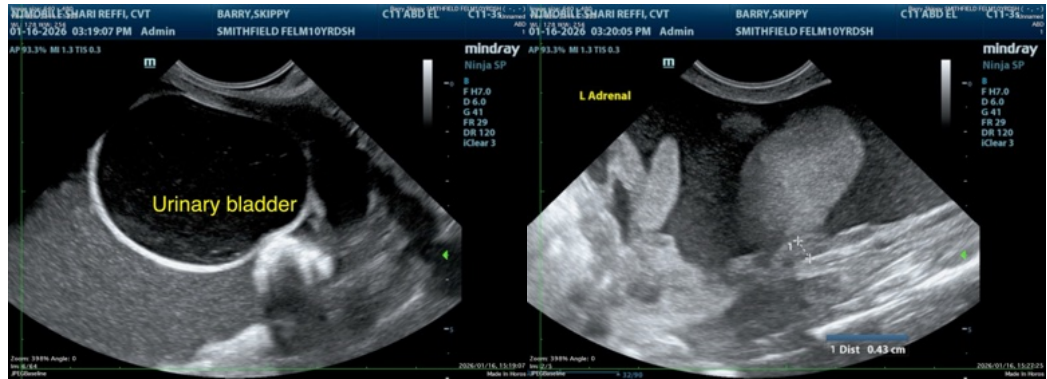
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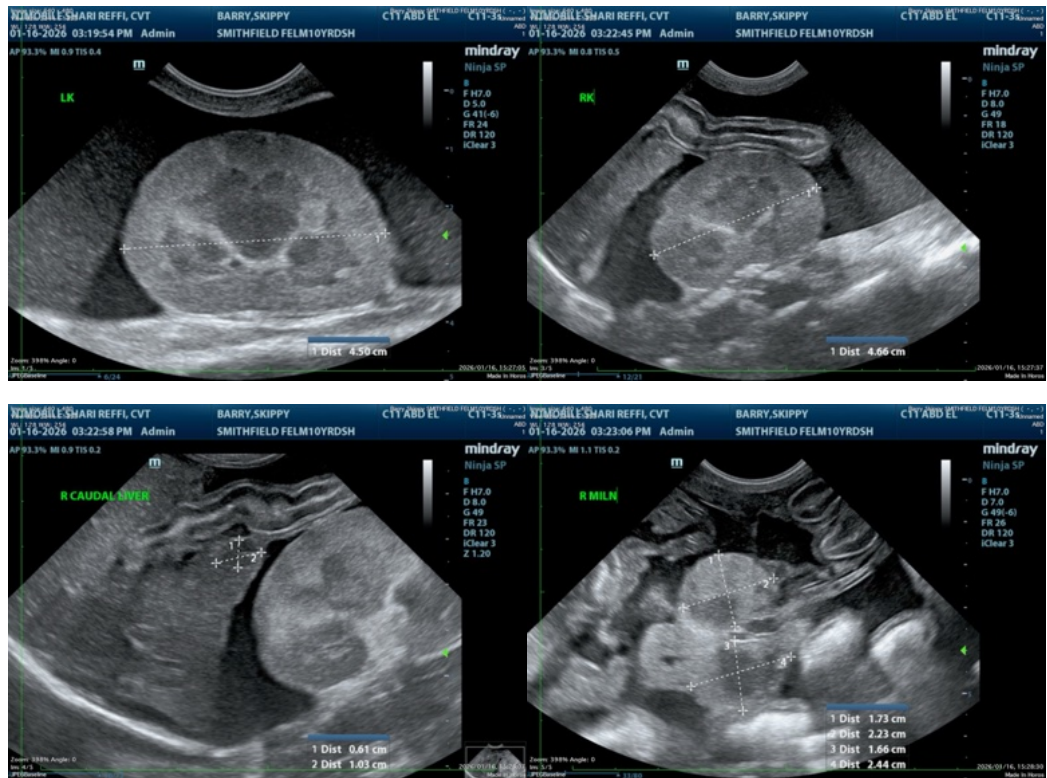
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com