



## PATIENT

Buddy Martocci

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

10 years

## WEIGHT

8.3 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

Leck VH

## REFERRING VET

Dr. Doyle

## INVOICE

69858

## DATE

1/6/26

## PRESENTING CLINICAL SIGNS

History: Progressive leukocytosis despite abx use, persistent low grade anemia. Enlarged right thyroid, cranial organomegaly, elevated LE's. FIV/FeLV-negative; Fecal-neg. Current medications: Methimazole 5mg bid, recently finished Zenequin 12.5mg bid.  
Abnormal PE/Chem/CBC/UA Results: ALT 307; ALKP 157; Neuts 31,488; Monos 2,688; HCT 29%; Path review of CBC- changes consistent with inflammatory leukogram.

## 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 3.8 cm, right measured 3.9 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 0.4 cm in width. The right adrenal gland measured 0.42 cm in width.

### Spleen

The spleen is enlarged and measured 1.1 cm in width maintaining a normal echogenic appearance, smooth homogenous parenchyma and a 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

Enlarged with rounded edges, diffuse increased echogenic appearance, increased 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***

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Dilated and tortuous appearance of the cystic and common bile ducts with no obvious obstruction evident.

## ***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. Fecal material is present in the colon.

## ***Pancreas***

Normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 0.6 cm in width.

## ***Free Abdomen***

Proimnent mesenteric lymph nodes measuring up to 0.6 x 0.9 cm in size with a hypoechogenic appearance and a rounded shape.

No ascites evident.

## **ULTRASONOGRAPHIC FINDINGS**

- Splenomegaly.
- Hepatomegaly.
- Mesenteric lymphadenomegaly.
- Dilated and tortuous bile duct.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the splenomegaly and mesenteric lymphadenomegaly would be reactive hyperplasia, inflammatory infiltration and possibly infiltrative neoplasia.

Etiologies for the hepatopathy would be reactive hyperplasia, metabolic, cholangio-hepatitis complex, lipidosis, and possibly infiltrative neoplasia.

The appearance of the common and cystic bile ducts can be considered an incidental age related finding.

Further assessment would be three view thoracic radiographs and FNA cytology of the spleen, liver, and lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.



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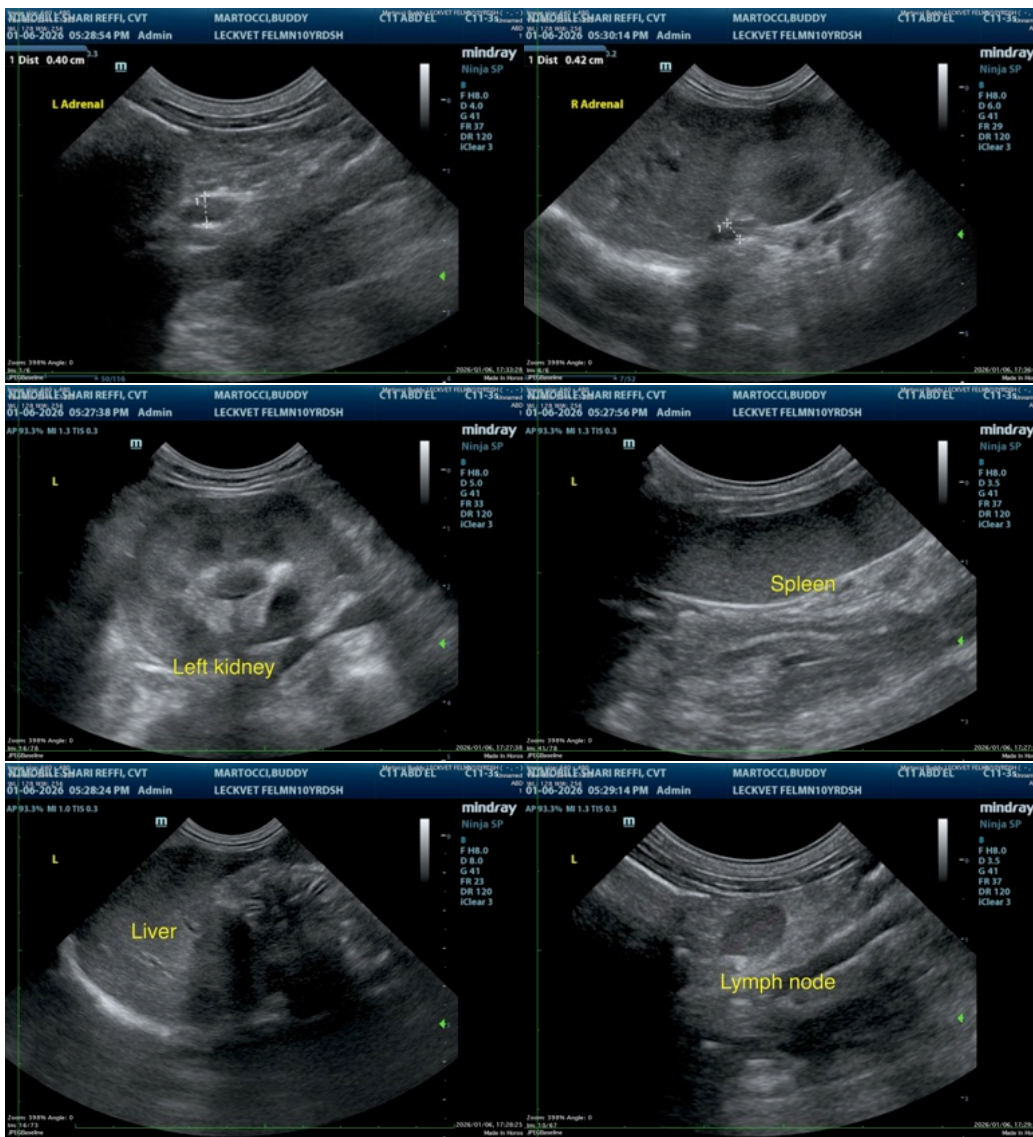
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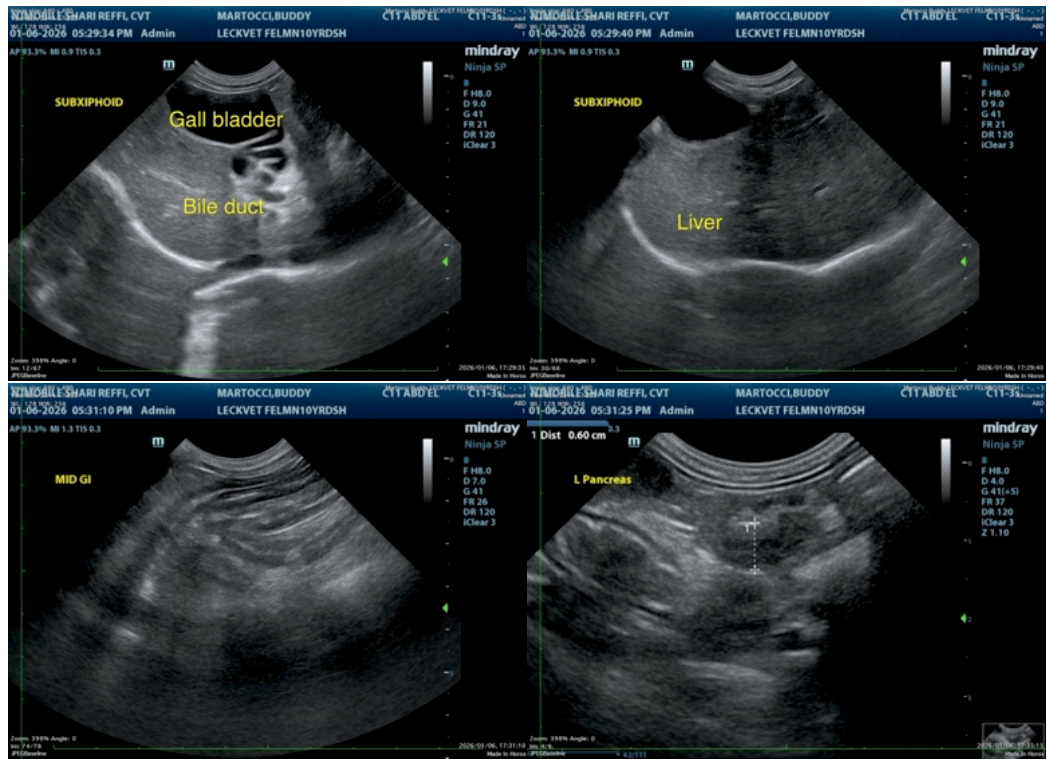
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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