



PATIENT

BB Mitten Rosenfield

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

15 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Animal Hospital of
Roxbury

REFERRING VET

Dr. Elia

INVOICE

68662

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: increased liver values, concerns for neoplasia Weight loss
Abnormal PE/Chem/CBC/UA Results: not available

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, hyperechoic 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 4.4 cm, right measured 4.9 cm), increased echogenic appearance, loss of cortico-medullary differentiation, mild bilateral pyelectasia and an irregular 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 0.51 cm in width. The right adrenal gland measured 0.44 cm in width.

Spleen

The spleen was severely enlarged and measured 2.44 cm in width with a hypoechogenic appearance, but maintained a smooth homogenous parenchyma and a regular curvilinear capsule. Focal, hyperechogenic parenchymal nodule was noted in the body of the spleen measuring 1.0 cm in size. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.

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

The gallbladder is full containing a small amount of non-adhered, hyperechogenic sediment, thickened and hyperechoic appearance of the wall. Dilated and tortuous appearance of both the cystic and the common bile ducts with the walls having a hyperechoic appearance, but no obvious obstruction evident.



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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

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly.
- Splenic nodule.
- Age related renal changes versus early chronic kidney disease.
- Urinary bladder sediment
- Previous cholecystitis
- Dilated and tortuous bile duct

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenomegaly would be infiltrative neoplasia such as lymphoma and mast cell tumor with splenitis and reactive hyperplasia a less likely differential diagnosis.

The most likely etiology for the splenic nodule would be a myelolipoma with organized hematoma and granuloma differential diagnosis.

Although the pyelectasia is probably associated with the age related renal changes, underlying low-grade pyelonephritis should still be considered.

Etiologies for the urinary bladder sediment would be incidental debris, crystalluria and possibly bacterial cystitis.

The appearance of the bile duct can be considered incidental age related change.

Further assessment would be urinalysis, possibly urine culture and FNA cytology of the spleen.

Specific therapy would be dependent on an etiological diagnosis.



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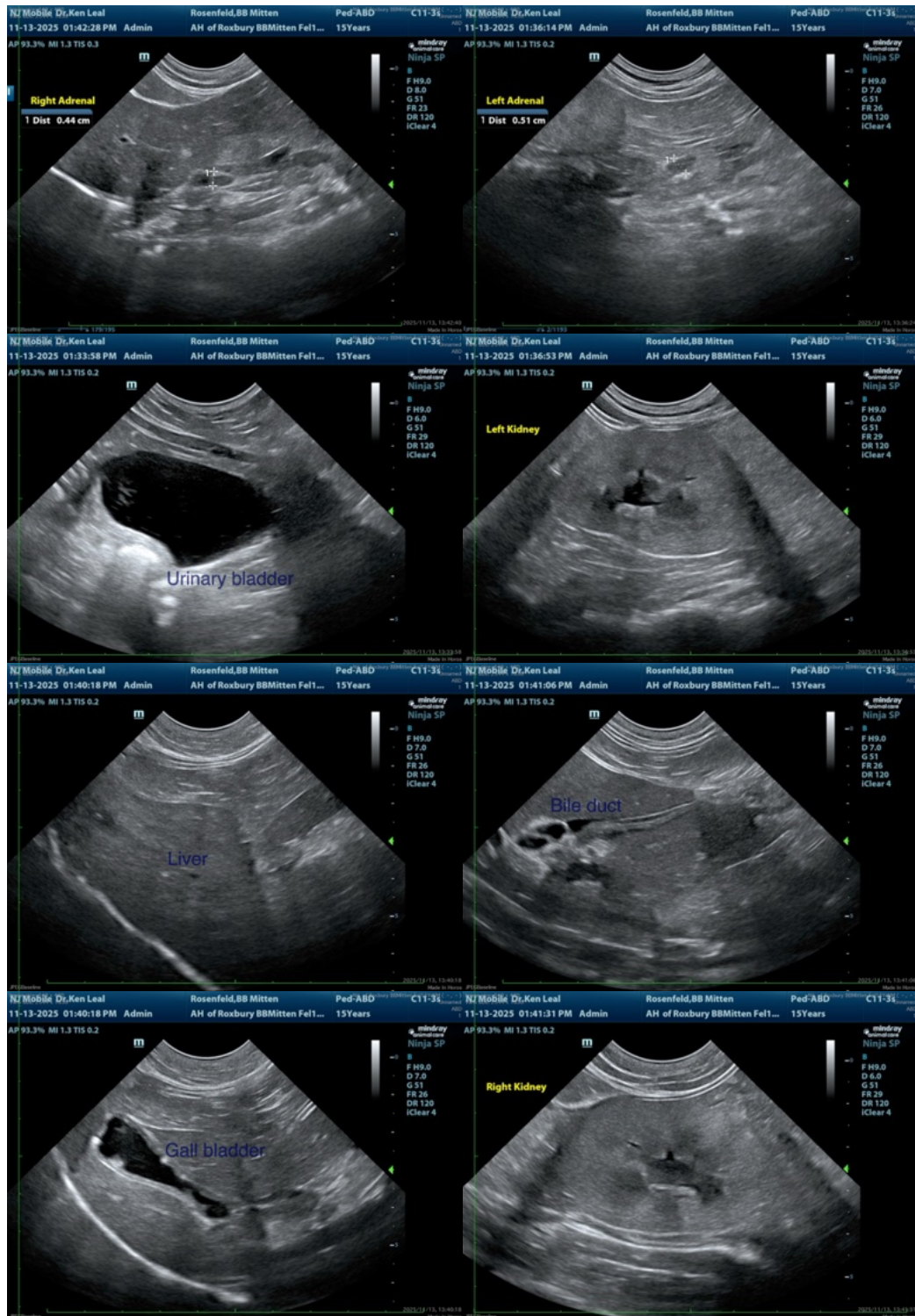
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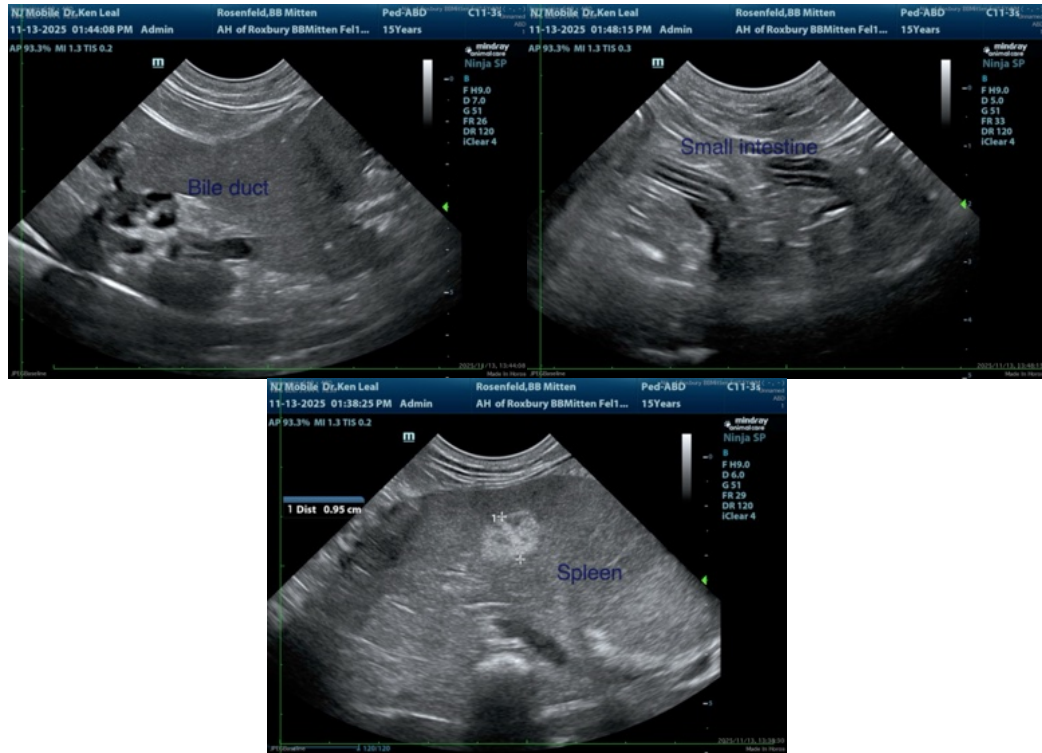
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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