

## PATIENT

Teddy Newlander

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed Female

## AGE

15 years

## WEIGHT

-

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

Pet Stat Animal Animal  
Urgent Care

## REFERRING VET

Dr. Payne

## INVOICE

71728

## DATE

2/19/26

## PRESENTING CLINICAL SIGNS

- Chronic vomiting
- Pancreatitis
- Current Meds: Gabapentin

## 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 3.3 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 0.29 cm in width. The right adrenal gland measured 0.49 cm in width.

### *Spleen*

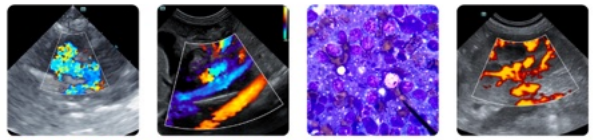
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.0 cm in width.

### *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 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*

Enlarged left lobe of the pancreas measuring 1.0 cm in width a diffuse, mottled echogenic appearance and an irregular capsule. Mild increase in the echogenic appearance of the mesentery and fat surrounding the lobe. Focal, hypoechoic parenchymal nodule measuring 0.6 x 0.8 cm is evident in the left lobe of the pancreas.

## *Free Abdomen*

Enlarged mesenteric lymph nodes measuring up to 0.9 x 2.9 cm in size maintaining a normal shape and echogenic appearance.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Chronic pancreatitis.
- Pancreatic nodule.
- Mesenteric lymphadenomegaly.

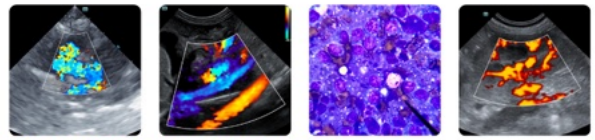
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the pancreatic nodule would be reactive hyperplasia secondary to the chronic pancreatitis with neoplasia a possible differential diagnosis.

Etiologies for the mesenteric lymphadenomegaly would be reactive hyperplasia, lymphadenitis and possibly infiltrative neoplasia.

Further assessment would be FPL/PSL assay and FNA cytology of the pancreas, pancreatic nodule and mesenteric lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.



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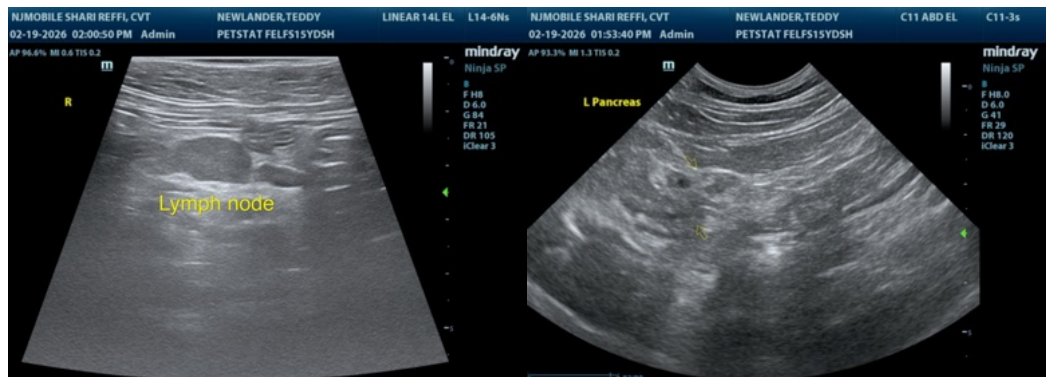
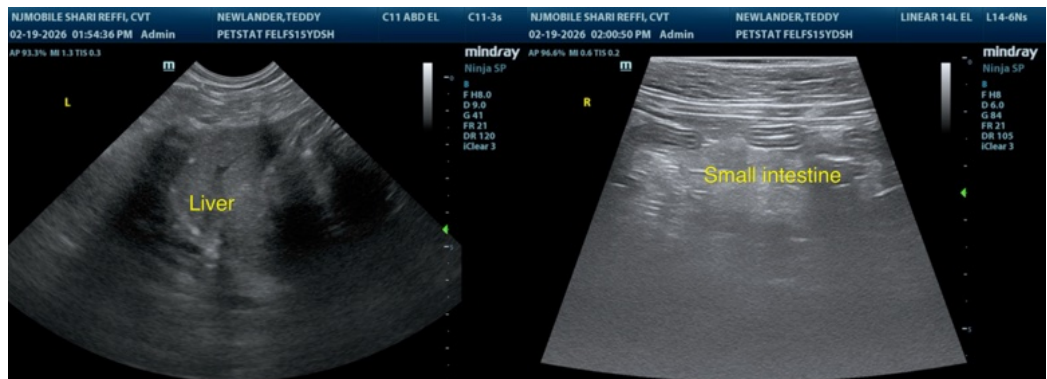
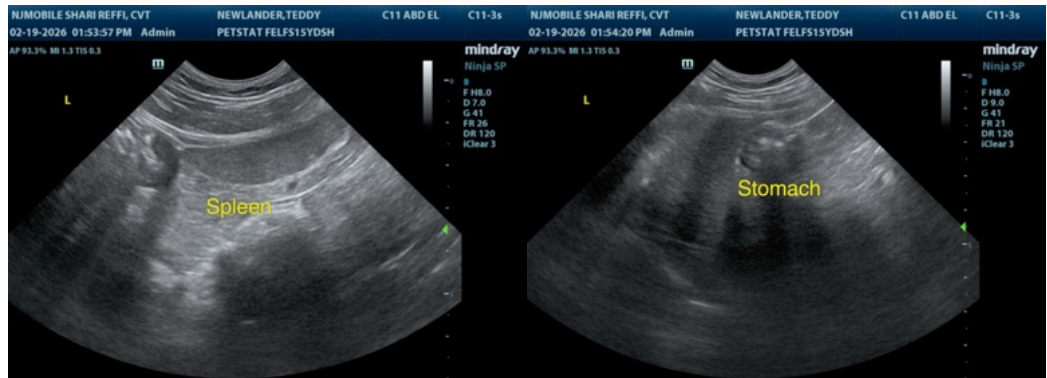
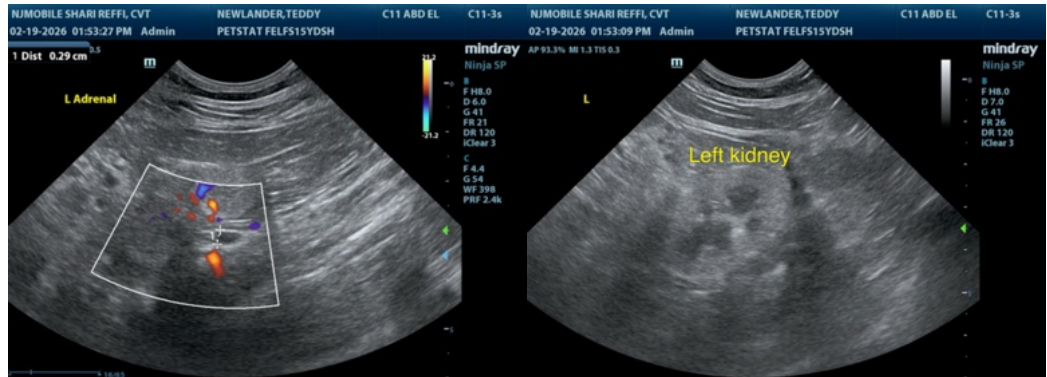
Dr. Payne

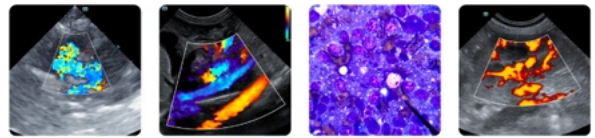
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)