



## PATIENT

Blu Smith

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

9 years

## WEIGHT

19.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

VCA Northside AH

## REFERRING VET

Dr. Russell

## INVOICE

75199

## DATE

5/5/26

## PRESENTING CLINICAL SIGNS

History: BCS 9/9. New grade 2/6 heart murmur. Presumptive IBD dx 2017. Fast scan-enlarged spleen, obese, soft stool-currently on OM diet. Meds: Budesonide 1mg eod, Visbiome, Purina OM (Gabapentin for scan)

Abnormal PE/Chem/CBC/UA Results: BG-177 (suspect stress); TG 203; Amylase 1783

## 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 4.2 cm, right measured 4.1 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 0.44 cm in width. The right adrenal gland measured 0.49 cm in width.

### *Spleen*

The spleen is diffusely enlarged with a rounded shape measuring 1.4 cm in width with a hypoechogenic appearance, but maintained a smooth homogenous parenchyma and a regular curvilinear capsule.

Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. A small amount of fluid accumulating around the spleen.

### *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 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*

Prominent appearance of the left pancreatic lobe measuring 0.9 cm in width, but maintained a normal echogenic appearance and a regular curvilinear capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

## *Free Abdomen*

Normal mesenteric lymph nodes.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Splenomegaly
- Urinary bladder sediment
- Pancreatic pathology?

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenomegaly would be reactive hyperplasia, splenitis and infiltrative neoplasia.

Although the appearance of the pancreas may merely be an incidental finding, pancreatitis should still be considered.

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

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

Further specific therapy would be dependent on an etiological diagnosis.



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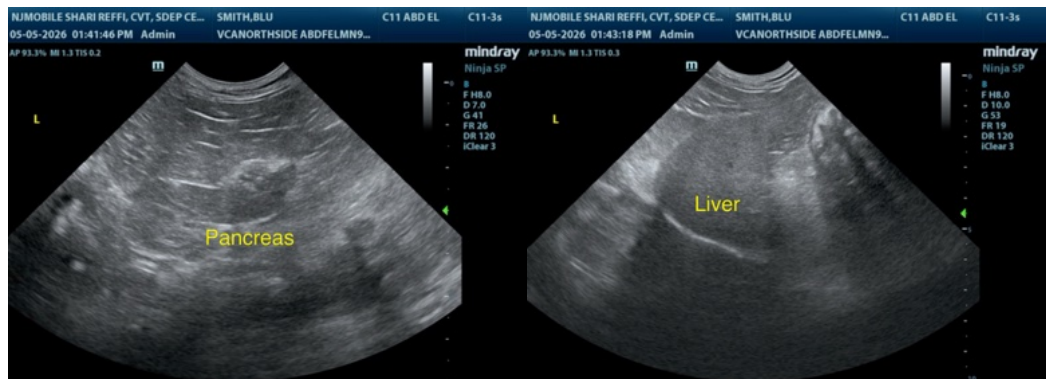
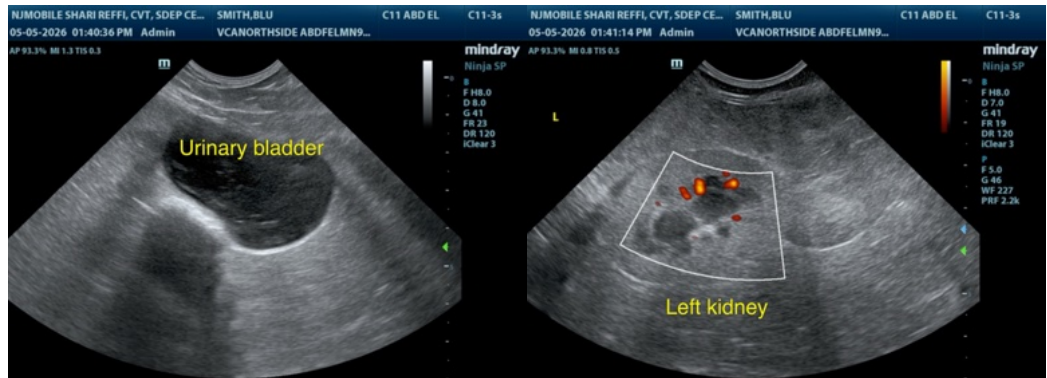
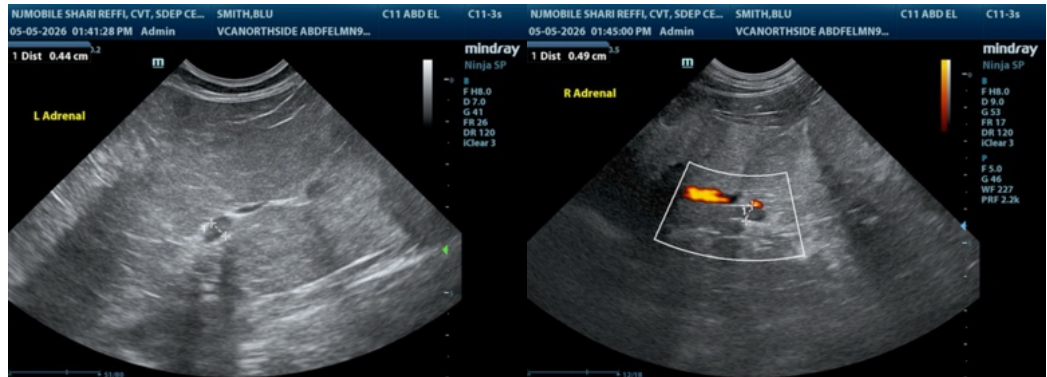
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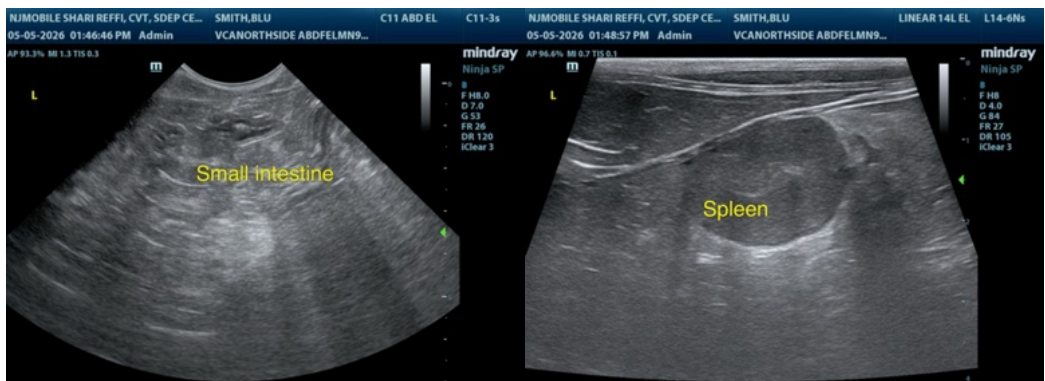
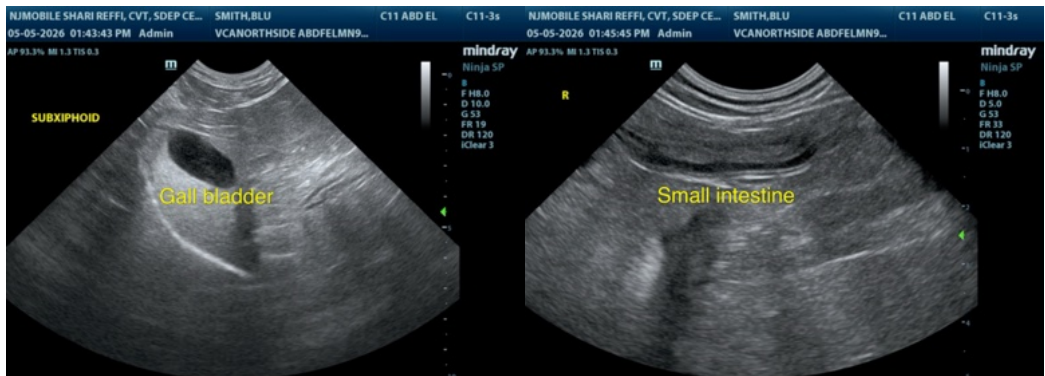
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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