

PATIENT

Toby Fricchione

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2 years

WEIGHT

#

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Lara Wiseman, DVM

HOSPITAL NAME

Village Royale Animal
Clinic

REFERRING VET

INVOICE

302660

DATE

11/30/21

PRESENTING CLINICAL SIGNS

History: Vomiting, weight loss.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal appearance and thickness of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra (0.15 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Enlarged kidneys (left 4.2 cm, right 4.1 cm) with normal echogenic appearance, no loss of cortico-medullary differentiation, and normal capsule and pelvis.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 0.31 cm, right 0.35 cm.

Spleen

Enlarged (1 cm) with a diffuse increased echogenic appearance. Smooth homogenous parenchyma, scalloped appearance of the capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted. FNA taken with no obvious post aspirate hemorrhage.

Liver

Enlarged with rounded edges, increased echogenic and coarse appearance, and some loss of portal markings. Multiple small hypoechoic parenchymal nodules (up to 0.3 cm). Small gall bladder containing normal anechoic bile. FNA taken with no obvious post aspirate hemorrhage. Normal thickness and appearance of the gall bladder wall. Hepatic lymphadenomegaly (2.3 x 1.1 cm) with normal shape and echogenic appearance. Normal bile duct.



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.28 cm, jejunum 0.21 cm) and peristalsis, and no distension of the lumen.

Pancreas

Normal size (right 0.7 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Mesenteric lymphadenomegaly/mass (3 x 1.8 cm). FNA taken with no obvious post aspirate hemorrhage.

Small amount of acellular ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Nodular hepatopathy.
- Mesenteric mass?
- Mesenteric and hepatic lymphadenomegaly.
- Splenomegaly.

Secondary findings:

- Ascites.
- Renomegaly?

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the nodular hepatopathy would be reactive, cholangio-hepatitis complex, lipidosis, granulomatous hepatitis, and infiltrative neoplasia.

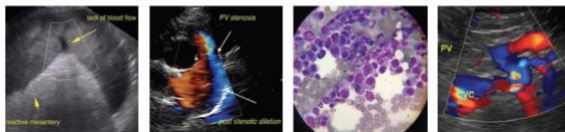
The mesenteric mass is most likely severe lymphadenomegaly. Etiologies for the hepatic and mesenteric lymph nodes would be reactive, lymphadenitis, and infiltrative neoplasia.

Etiologies for the spleen would be reactive, lymphadenitis, and infiltrative neoplasia.

Although the renomegaly may be an incidental finding, acute kidney injury, bacterial nephritis, lymphoma and FIP needs to be considered.

With the hepatic, splenic and lymph node changes the most likely diagnosis would be lymphoma.

Further assessment/therapy needs to be based on the FNA cytology results.



IMAGES

Liver



Spleen



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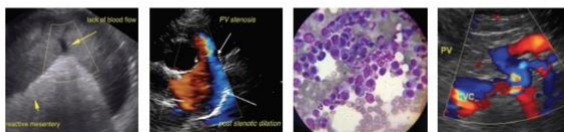
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Mesenteric mass/lymph node

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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