

PATIENT

Jackson Fuller

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

11 #

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Lara Wiseman, DVM

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

INVOICE

302686

DATE

12/29/21

PRESENTING CLINICAL SIGNS

History: Progressive heart murmur. Chronic intermittent vomiting with weight loss and normal appetite.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: Normal.

Serum Biochemistry: Normal.

Radiographic Findings: Mild diffuse bronchial pattern.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and appearance of the wall. Large amount of floating hyperechogenic sediment. No uroliths evident.

Normal trigone area, proximal urethra (0.16 cm) and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4 cm, right 4.1 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and pelvis.

Reproductive System

N/A.

Adrenal Glands

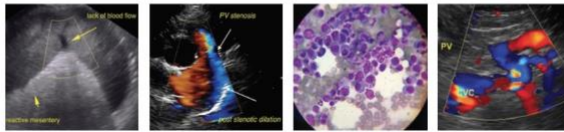
Normal shape, echogenic appearance, size, and position. Left 0.31 cm, right 0.43 cm.

Spleen

Normal size (0.8 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Enlarged with rounded edges, diffuse hyperechogenic appearance, and some loss of portal markings. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Normal bile duct.



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, pylorus, duodenum, ileo-cecal junction, and colon with no loss of layering and normal wall thickness (duodenum 0.25 cm) and peristalsis, and no distension of the lumen. Normal thickness of the small intestine (0.26 cm) with a prominent hyperechogenic appearance of the muscularis layer but no loss of layering or distension of the lumen.

Pancreas

Normal size (0.6 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Mesenteric lymphadenomegaly (0.65 x 0.34 cm)
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Hepatopathy.
- Enteropathy.
- Mesenteric lymphadenomegaly.

Secondary findings:

- Age-related renal changes.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the enteropathy would be parasitic enteritis, inflammatory bowel disease, dietary hypersensitivity, and emerging lymphoma.

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

Further assessment would be urine and fecal analyses, serum cobalamin assay, FNA cytology of the liver and mesenteric lymph nodes, and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



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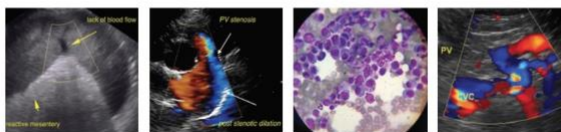
IMAGES

Liver



Small intestine





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Mesenteric 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.

IMAGING PERFORMED BY

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