



PATIENT

Ollie Hughes

SPECIES

Feline

BREED

Maine Coon

SEX

MN

AGE

2 years

WEIGHT

3.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Treasure Coast
Animal Emergency

REFERRING VET

Dr Cail

INVOICE

302562

DATE

9/20/21

PRESENTING CLINICAL SIGNS

History: Anorexia, weight loss.

Physical Examination: Abdominal pain, ascites.

Urinalysis: N/A.

CBC: Anemia.

Serum Biochemistry: Elevated globulins and bilirubin.

Radiographic Findings: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Normal trigone area, proximal urethra (0.27 cm) and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Bilateral renomegaly (left 4.1 cm, right 4.5 cm) with decreased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 0.37 cm, right 0.45 cm.

Spleen

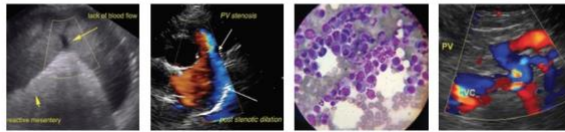
Normal size (0.8 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size with a diffuse hypoechogenic appearance, and prominent portal markings. No nodules or masses evident. Small gall bladder normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.14 cm).

Gastrointestinal

Normal appearance of the pylorus, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering and normal wall thickness (duodenum 0.28 cm, jejunum 0.2 cm) and peristalsis, and no distension of the lumen.



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Pancreas

Normal size (left 0.44 cm, right 0.59 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Severe mesenteric lymphadenomegaly/mass effect (5.6 x 2.68 cm) with irregular shape and hypo-to-mottled echogenic appearance. FNA taken with no obvious post aspirate hemorrhage.

Small amount of cellular ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Mesenteric lymphadenomegaly
- Hepatopathy.
- Ascites.
- Renal disease.

Secondary findings:

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

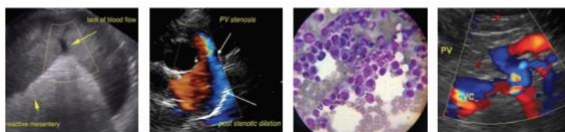
The most likely etiology for the lymphadenomegaly would be neoplasia (lymphoma) with granulomatous disease and FIP differential diagnoses.

Etiologies for the hepatopathy would be reactive, hyperplasia, cholangio-hepatitis complex, FIP, and infiltrative neoplasia.

Although the ascites can be ascribed to the lymphadenomegaly, peritonitis (sterile, bacterial) and abdominal carcinomatosis should be considered.

Etiologies for the renal changes would be acute kidney injury, bacterial nephritis, FIP, and infiltrative neoplasia.

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



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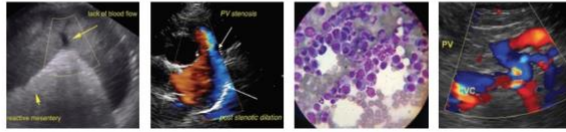
IMAGES

Liver



Mesenteric lymph nodes





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Ascites



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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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