



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Nala White
History: Anorexia.

SPECIES
Feline
Physical Examination: Gas-filled intestinal loops.
Urinalysis: N/A.

BREED
DSH
CBC: Mild anemia, neutropenia.
Serum Biochemistry: N/A.
Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX
FS
Age
2½ years
WEIGHT
12.5 #
Urinary System
Full urinary bladder with a normal thickness and appearance of the wall. Moderate amount of floating hyperechogenic sediment. No uroliths evident.
Normal trigone area, proximal urethra (0.3 cm), and iliac blood vessels.
Iliac lymphadenomegaly (0.5 x 2.9 cm) with rounded shape and hypoechogenic appearance
Ureters not visualized.

INTERPRETED BY
Remo Lobetti, BVSc,
MMedVet (Med), PhD, Dipl.
ECVIM
Normal renal size (left 3.9 cm, right 3.8 cm) with normal echogenic appearance, cortico-medullary differentiation, right pelvis, and capsule. Left pyelectasia (0.3 cm).

Reproductive System

N/A.

IMAGING PERFORMED BY Adrenal Glands

Sonya Myers, DVM
Normal position, echogenic appearance, shape, and size. Left 0.34 cm, right 0.42 cm.

HOSPITAL NAME Spleen

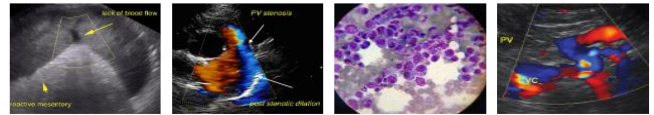
Oviedo Veterinary Care and
Emergency
Enlarged (1.4 cm) with a diffuse hypoechogenic appearance. FNA taken with no obvious post aspirate hemorrhage. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

REFERRING VET Liver

Dr Cosgriff
Enlarged with rounded edges, diffuse hypoechogenic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

INVOICE Gastrointestinal

303728
DATE
1/3/23
Segmental thickening of the duodenum (0.33 cm), small intestine (0.35 cm) and colon (0.32 cm) with no loss of layering or distension of the lumen. Normal appearance and thickness of the stomach (0.23 cm) and ileo-cecal junction.


PATIENT *Pancreas*

Nala White Normal size (right 1.3 cm) with a hypoechogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Feline Mesenteric lymphadenomegaly (0.9 x 3 cm) with rounded shape and hypoechogenic appearance. No ascites.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Hepatopathy.
- Splenomegaly.
- Lymphadenomegaly.
- Enteropathy.
- Pancreatitis.

SEX

FS

Age

2½ years

Secondary Findings:

- Left pyelectasia.
- Urinary bladder sediment.

WEIGHT

12.5 #

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

IMAGING PERFORMED BY

Sonya Myers, DVM

Etiologies for the spleen and lymph nodes would be reactive, hyperplasia, splenitis/lymphadenitis, and infiltrative neoplasia.

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

Etiologies for the enteropathy would be secondary to the pancreatitis, non-specific (viral, bacterial, protozoal, helminths, toxins, dietary indiscretion), granulomatous enteritis, inflammatory bowel disease, dietary hypersensitivity, and emerging lymphoma.

REFERRING VET

Dr Cosgriff

Although the left pyelectasia may be an incidental finding, pyelonephritis needs to be considered.

Further assessment needs to be based on the ending cytology results but could include urine and fecal analysis, urine culture, serum biochemistry, fPL/PSL assay, FNA aspirate of the liver and lymph nodes, and possibly endoscopy of both the upper and lower GI tract with biopsies.

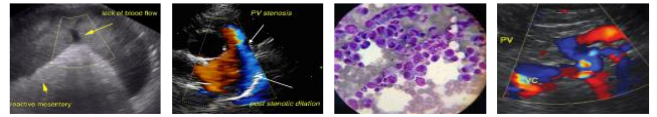
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Specific therapy would be dependent on an etiological diagnosis.

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Nala White

SPECIES

Feline

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IMAGING PERFORMED BY

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IMAGES

Liver



Spleen





PATIENT Pancreas

Nala White

SPECIES

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WEIGHT

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Left kidney

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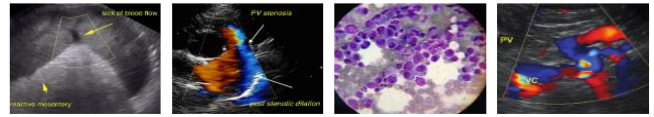
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PATIENT

Lymph node

Nala White

SPECIES

Feline

BREED

DSH

SEX

FS

Age

2½ years

WEIGHT

12.5 #



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ECVIM

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.

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