



PATIENT PRESENTING CLINICAL SIGNS

Simba Sanders History: Acute kidney injury, renomegaly.

SPECIES Physical Examination: N/A.

Feline Urinalysis: N/A

CBC: Non-regenerative anemia.

BREED Serum Biochemistry: Azotemia, hypoalbuminemia.

DSH Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN *Urinary System*

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

5 years Normal trigone area, proximal urethra (0.2 cm), and iliac blood vessels.

WEIGHT Normal iliac lymph nodes. Ureters not visualized.

12 # Renomegaly (left 4.7 cm, right 5 cm) with increased echogenic appearance of the cortex, some loss of cortico-medullary differentiation, normal pelvis, and irregular capsule. FNA taken with no obvious post aspirate hemorrhage.

INTERPRETED BY *Reproductive System*

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

N/A

IMAGING PERFORMED BY *Adrenal Glands*

Sonya Myers, DVM Normal position, echogenic appearance, shape, and size. Left 0.37 cm, right 0.52 cm.

HOSPITAL NAME *Spleen*

Oviedo Veterinary Care and Emergency Normal size (0.6 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

REFERRING VET *Liver*

Dr Carlson Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Thickened and hyperechogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).

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PATIENT *Gastrointestinal*

Simba Sanders Mild segmental thickening of the submucosal and muscularis and layers of the stomach (0.43 cm) and small intestine (0.36 cm) with no loss of layering or distension of the lumen. Normal appearance of the duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.28 cm, colon 0.14 cm) and peristaltic activity, and no distension of the lumen.

SPECIES

Feline

BREED *Pancreas*

DSH

Normal size (left 0.8 cm, right 0.7 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX *Free Abdomen*

MN

Mesenteric lymphadenomegaly (0.8 x 1.1 cm) with rounded shape and hypoechogenic appearance.

Age

5 years

Moderate amount of acellular ascites.

Hyperechogenic and nodular appearance of the mesentery.

WEIGHT *Thorax*

12 #

Normal appearance of the heart.

No pericardial effusion.

Pleural effusion.

INTERPRETED BY

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Renomegaly.
- Lymphadenomegaly.
- Bicavitary effusion.
- Mesenteric inflammation.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Secondary Findings:

- Previous cholecystitis.
- Thickening of the GI tract.

Oviedo Veterinary Care and
Emergency

REFERRING VET

Dr Carlson

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Etiologies for the bicavitary effusion, mesenteric inflammation, renomegaly, and lymphadenomegaly would be neoplasia, granulomatous disease, bacterial disease, and FIP.

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Further assessment needs to be based on the pending cytology results but could include 3-view thoracic radiographs, analysis of the ascites and pleural effusion, and FNA aspirate cytology of the lymph nodes and mesentery.

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Specific therapy would be dependent on an etiological diagnosis.



PATIENT

Simba Sanders

IMAGES

Left kidney

SPECIES

Feline

BREED

DSH

SEX

MN

Age

5 years

WEIGHT

12 #



INTERPRETED BY

Gall bladder

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IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

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PATIENT Ascites/mesentery

Simba Sanders

SPECIES

Feline

BREED

DSH

SEX

MN

Age

5 years

WEIGHT

12 #



INTERPRETED BY

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 MMedVet (Med), PhD, Dipl.
 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.

IMAGING PERFORMED BY

Sonya Myers, DVM

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HOSPITAL NAME

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 Emergency

REFERRING VET

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