


PATIENT PRESENTING CLINICAL SIGNS

Luna Miller History: N/A. Previous history of chronic intermittent vomiting.

SPECIES Physical Examination: Dehydrated.

Feline Urinalysis: Glucosuria, ketonuria, UTI.

CBC: Neutrophilia.

BREED Serum Biochemistry: Hyperglycemia, hypernatremia.

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.

8 years

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

Iliac lymphadenomegaly (0.3 x 1.3 cm) with normal shape and echogenic appearance. Ureters not visualized.

INTERPRETED BY Normal renal size (both 4.3 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

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

Reproductive System

N/A.

IMAGING PERFORMED BY Adrenal Glands

Sonya Myers, DVM Normal position, echogenic appearance, shape, and size. Left 0.39 cm, right 0.53 cm.

HOSPITAL NAME Spleen

Oviedo Veterinary Care and Emergency Normal size (0.5 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

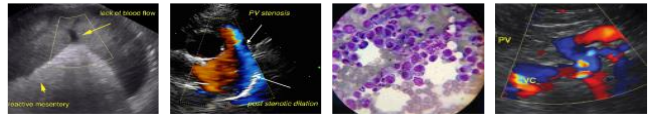
Dr Caja

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

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PATIENT *Gastrointestinal*

Luna Miller

Thickening of the gastric fundus (0.64 cm) and segmental thickening of the small intestine (0.33 cm) with increased muscularis to mucosa ratio, no loss of layering, or distension of the lumen.

SPECIES

Feline

Normal appearance of the duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.3 cm, colon 0.11 cm) and peristaltic activity, and no distension of the lumen.

BREED

DSH

Pancreas

Normal size (right 0.5 cm, left 0.4 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

MN

Free Abdomen

Normal mesenteric lymph nodes (0.4 x 0.9 cm).

Age

8 years

No ascites.

ULTRASONOGRAPHIC FINDINGS
WEIGHT

Primary Findings:

- Hepatopathy.
- Gastroenteropathy
- Iliac lymphadenomegaly.

INTERPRETED BY

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Secondary Findings:

- None.

IMAGING PERFORMED BY

Sonya Myers, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatopathy would be secondary to the diabetes with cholangio-hepatitis complex, lipidosis, granulomatous disease, and infiltrative neoplasia, differential diagnoses.

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

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

REFERRING VET

Dr Caja

Etiologies for the lymph nodes would be reactive, hyperplasia, and lymphadenitis with infiltrative neoplasia, an unlikely differential diagnosis.

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Once the diabetes has been stabilized further assessment would be fecal analysis, cobalamin assay, FNA cytology of the liver, and possibly endoscopy of the upper GI tract with biopsies.

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Initial malmanagement would be fluid therapy, insulin, nutritional support, and antibiotics; with further specific therapy dependent on an etiological diagnosis.



PATIENT IMAGES

Luna Miller **Liver**

SPECIES

Feline

BREED

DSH

SEX

MN

Age

8 years

WEIGHT



INTERPRETED BY Stomach

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IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

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 Emergency

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PATIENT Small intestine

Luna Miller

SPECIES

Feline

BREED

DSH

SEX

MN

Age

8 years

WEIGHT



Iliac lymph node

INTERPRETED BY

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IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

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REFERRING VET

Dr Caja



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DATE

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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.

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