



PATIENT PRESENTING CLINICAL SIGNS

Baby Fields History: Inappetence, lethargy. Diagnosed with pancreatitis at VEC on 1/29. Suspected GI/pancreatic neoplasia.

SPECIES Physical Examination: Icterus, dehydrated.

Feline Urinalysis: N/A.

BREED CBC: Mild anemia.

DSH Serum Biochemistry: N/A.

Radiographic Findings: N/A.

SEX

FS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Age *Urinary System*

12 years Full urinary bladder with a normal thickness and echogenic appearance of the wall. Moderate amount of floating hyperechogenic sediment present. No uroliths evident.

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

9 # Normal iliac lymph nodes. Ureters not visualized.

INTERPRETED BY Normal renal size (left 3.8 cm, right 4.1 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

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Reproductive System

N/A.

IMAGING PERFORMED BY

Sonya Myers, DVM

Adrenal Glands

Normal position, echogenic appearance, size, and shape. Left 0.42 cm, right 0.39 cm.

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Spleen

Normal size (0.7 cm) with a diffuse hypoechogenic appearance and irregular capsule. Smooth homogenous parenchyma and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

REFERRING VET

Dr Brue

Liver

Normal size with a diffuse hypoechogenic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

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PATIENT
Gastrointestinal

Baby Fields

Normal appearance of the stomach, duodenum, small intestine, and colon with no loss of layering, normal wall thickness (stomach 0.26 cm, duodenum 0.28 cm, jejunum 0.23 cm, colon 0.19 cm) and peristaltic activity, and no distension of the lumen. Irregular hypoechoic mass (2.8 x 3.6 cm) at the ileo-cecal junction.

SPECIES

Feline

Pancreas
BREED

DSH

Normal size (left 0.5 cm, right 0.6 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

FS

Normal mesenteric lymph nodes (0.2 x 1.2 cm).
No ascites.

Age

12 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

WEIGHT

9 #

- Ileo-cecal mass.
- Bicavitatory effusion.
- Free air in abdominal cavity.
- Splenic pathology.
- Hepatopathy.

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Secondary Findings:

- Gall and urinary bladder sediment.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the ileo-cecal mass would be neoplasia (lymphoma, carcinoma) and with the free air present and bicavitatory effusion, perforation, metastatic disease, and peritonitis needs to be considered.

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

The appearance of the spleen is most likely reactive secondary to the mass with splenitis and infiltrative neoplasia, differential diagnoses.

REFERRING VET

Dr Brue

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

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Initial further assessment would be 3-view thoracic radiographs, analysis of the bicavitatory effusions, and FNA cytology of the spleen and liver. With the free air in the abdomen and if there is no evidence of metastatic disease, laparotomy should be considered, which could be both diagnostic and therapeutic.

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Specific therapy would be dependent on an etiological diagnosis.



PATIENT

Baby Fields

SPECIES

Feline

BREED

DSH

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Age

12 years

WEIGHT

9 #

IMAGES

Ileo-cecal junction



Pleural effusion/ascites



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PATIENT Free air

Baby Fields

SPECIES

Feline

BREED

DSH

SEX

FS

Age

12 years

WEIGHT

9 #



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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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REFERRING VET

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