


**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Tikka Mil Purrrcy King History: Chronic IBD. Recent onset more frequent vomiting and weight loss.

**SPECIES** Physical Examination: N/A.

Feline Urinalysis: N/A.

CBC: Normal.

**BREED** Serum Biochemistry: Normal.

DMH Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**MN *Urinary System***

**Age** Full urinary bladder with a normal thickness and appearance of the wall. Small amount of dependent hyperechogenic sediment/small uroliths evident.

16 years Normal trigone area, proximal urethra (0.3 cm), and iliac blood vessels.

**WEIGHT** Iliac lymph nodes and ureters not visualized.

11 # Normal renal size (left 3.9 cm, right 4.1 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

**INTERPRETED BY *Reproductive System***

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

***Adrenal Glands***

**IMAGING PERFORMED BY** Normal position, echogenic appearance, shape, and size. Left 0.42 cm, right 0.44 cm.

Sonya Myers, DVM

***Spleen***

**HOSPITAL NAME** Normal size (0.8 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Oviedo Veterinary Care and Emergency

**REFERRING VET *Liver***

Dr King Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Small gall bladder containing small amount of hyperechogenic sediment.

**INVOICE** Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

**303512 *Gastrointestinal***

**DATE** Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.19 cm, colon 0.15 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the duodenum (0.37 cm) and small intestine (0.32 cm) with a prominent hypoechogenic appearance of the submucosal layer but with no loss of layering or distention of the lumen.

10/31/22


**PATIENT** *Pancreas*

Tikka Mil Purrrcy King

Enlarged (left 0.7 cm, right 0.8 cm) with a hypoechogenic appearance and irregular capsule. Visible pancreatic duct. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES**

Feline

*Free Abdomen*
**BREED**

DMH

Normal mesenteric lymph nodes (0.7 cm).  
No ascites.

Hypoechogenic irregular oval mass (1 x 2.1 cm) in the right caudal dorsal abdomen in the region of the iliac lymph nodes. FNA taken with no obvious hemorrhage post aspirate.

**SEX**

MN

**Age**

16 years

Primary Findings:

- Caudal abdominal mass.
- Pancreatitis.
- Enteropathy.

**WEIGHT**

11 #

Secondary Findings:

- Urinary bladder sediment.
- Age-related renal changes.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the abdominal mass would be lymph node (lymphadenitis, neoplasia), granuloma, organized abscess, and neoplasia.

The appearance of the pancreas is consistent with pancreatitis.

The enteropathy is consistent with the previous diagnosis of inflammatory bowel disease.

Further assessment would be urinalysis and fPL/PSL assay and based on the cytology results (suspected carcinoma with necrosis and suppurative inflammation) 3-view thoracic radiographs and excision of the mass.

Specific therapy would be dependent on an etiological diagnosis. Management of the pancreatitis would be low-fat intestinal diet, anti-emetics, and analgesics.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**REFERRING VET**

Dr King

**INVOICE**

303512

**DATE**

10/31/22



**PATIENT**

Tikka Mil Purrrcy King

**SPECIES**

Feline

**BREED**

DMH

**SEX**

MN

**Age**

16 years

**WEIGHT**

11 #

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Dr King

**INVOICE**

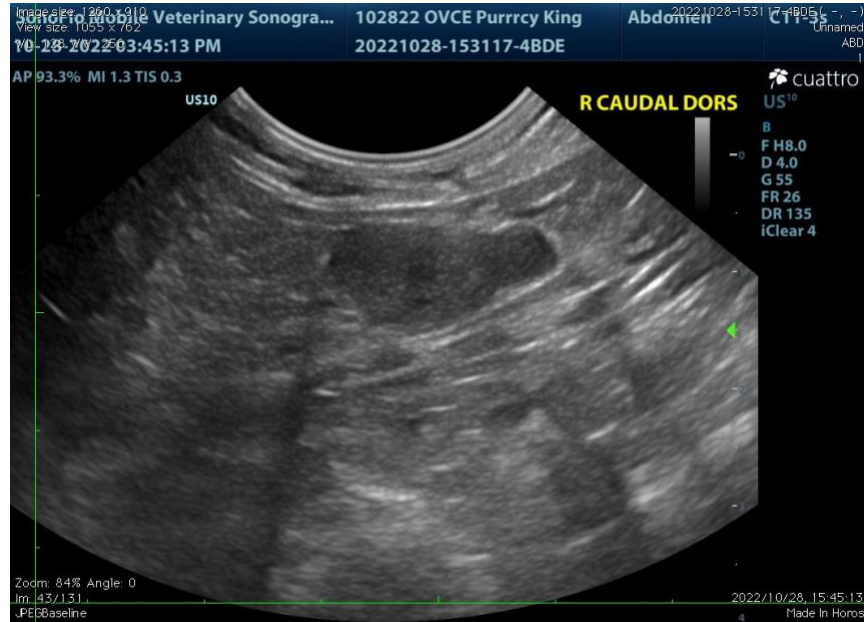
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**DATE**

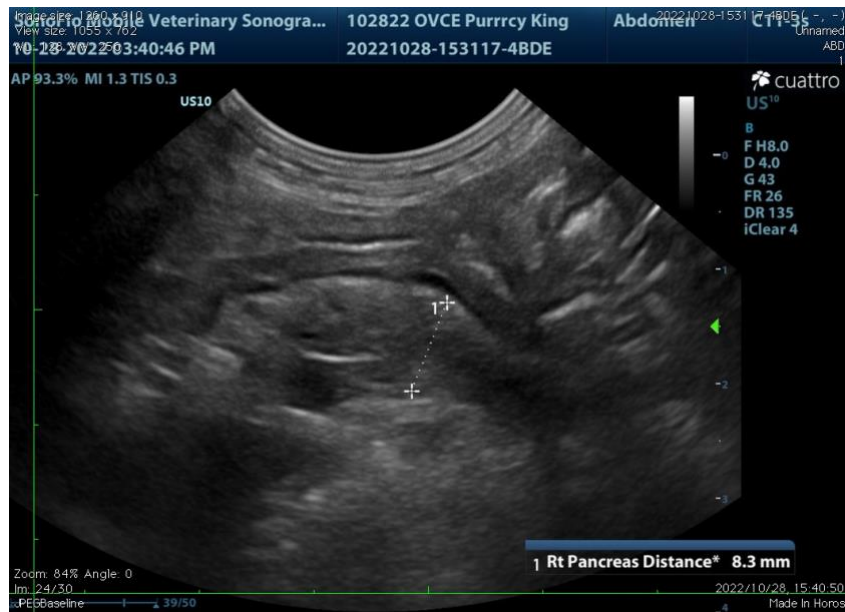
10/31/22

**IMAGES**

**Mass/lymph node**



**Pancreas**





**PATIENT** Small intestine

Tikka Mil Purrrcy King

**SPECIES**

Feline

**BREED**

DMH

**SEX**

MN

**Age**

16 years

**WEIGHT**

11 #



**Urinary bladder**

**INTERPRETED BY**

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 MMedVet (Med), PhD, Dipl.  
 ECVIM

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

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 Emergency

**REFERRING VET**

Dr King



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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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