


PATIENT PRESENTING CLINICAL SIGNS

Ginger Marshal

History: Cachexia, anemia.

SPECIES

Physical Examination: Fleas.

Feline

Urinalysis: N/A.

BREED

CBC: Neutrophilia, hematocrit 16%.

DSH

Serum Biochemistry: Elevated ALP and GGT activity.

Radiographic Findings: N/A.

SEX
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS

Urinary System
Age

Full urinary bladder with a normal thickness and appearance of the wall. Small amount of floating hyperechogenic sediment. No uroliths evident.

5 years

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

WEIGHT

4#

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.7 cm, right 4.1 cm) echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

INTERPRETED BY
Reproductive System

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

Adrenal Glands

Normal position, echogenic appearance, shape, and size. Left 0.44 cm, right 0.42 cm.

Spleen

Normal size (0.7 cm) and echogenic appearance. Smooth homogenous parenchyma and normal vasculature. Irregular and scalloped appearance of the capsule. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size with increased echogenic appearance, some loss of prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing moderate amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).

Gastrointestinal

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.19 cm, jejunum 0.21 cm) and peristaltic activity, and no distension of the lumen. Thickening of the fundic gastric wall (0.69 cm) but with no loss of layering or distention of the lumen.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

 Oviedo Veterinary Care
and Emergency

REFERRING VET

Dr Caja

INVOICE

303518

DATE

11/2/22


PATIENT *Pancreas*

Ginger Marshal

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

SPECIES
Free Abdomen

Feline

Normal mesenteric lymph nodes (1.4 cm).

BREED

Small amount of acellular ascites.

Hyperechogenic appearance of the mesentery around the ileo-cecal junction.

DSH

SEX

FS

Age

5 years

WEIGHT

4#

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Gastropathy.
- Hepatopathy.
- Ascites.
- Focal mesenteric inflammation.
- Irregular splenic capsule.

Secondary Findings:

- Gall and urinary bladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastropathy would be non-specific gastritis, ulcerative gastritis, helminths, *Helicobacter* gastritis, inflammatory bowel disease, granulomatous disease, and emerging neoplasia.

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

Etiologies for the ascites would be transudate, sterile exudate, septic exudate, hemabdomen and could account for the focal mesenteric inflammation.

Although the irregular appearance of the spleen is most likely an incidental finding, reactive and splenitis needs to be considered.

Further assessment would be fecal and urine analyses, 3-view thoracic radiographs, FNA cytology of the liver and spleen, analysis of the ascitic fluid, and possibly gastroscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

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PATIENT

Ginger Marshal

SPECIES

Feline

BREED

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Age

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IMAGES

Stomach



Ileo-cecal junction





PATIENT Liver

Ginger Marshal

SPECIES

Feline

BREED

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FS

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Spleen



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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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