


**PATIENT PRESENTING CLINICAL SIGNS**

Max Hilyer History: Episodes of vomiting, anorexia, diarrhea. Weight loss. Previously elevated PSL.

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

Feline Urinalysis: SG 1.017, trace proteinuria.

CBC: N/A.

**BREED** Serum Biochemistry: Elevated creatinine and PSL.

Manx Radiographic Findings: N/A.

**SEX**

MN

**Age**

12 years

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

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

**WEIGHT** Normal trigone area, proximal urethra, and iliac blood vessels.

4.8 kg Normal iliac lymph nodes. Ureters not visualized.

**INTERPRETED BY**

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

Normal renal size (both 4.2 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

**Reproductive System**

N/A.

**IMAGING PERFORMED BY**

Dr Sarah Barthelemy

**Adrenal Glands**

Normal position, echogenic appearance, shape, and size.

**HOSPITAL NAME**

Properties Animal Clinic

**Spleen**

Border-line enlarged (1.1 cm) with normal echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**REFERRING VET**

Dr Morley

**Liver**

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

**INVOICE**

303571

**Gastrointestinal**
**DATE**

11/16/22

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.31 cm, jejunum 0.21 cm) and peristaltic activity, and no distension of the lumen. Large amount of ingesta within the stomach.

**PATIENT** *Pancreas*

Max Hilyer Normal size (0.9 cm) with a diffuse hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Feline Prominent mesenteric lymph nodes.  
No ascites.

**BREED**

Manx

**ULTRASONOGRAPHIC FINDINGS****SEX**

Primary Findings:

MN

- Pancreatitis.
- Mild splenomegaly and lymphadenomegaly.
- Renal disease.

**Age**

12 years

Secondary Findings:

**WEIGHT**

4.8 kg

- None.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****INTERPRETED BY**

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

Although the appearance of the pancreas is consistent with pancreatitis, with the history and previously elevated PSL, neoplasia would be a differential diagnosis.

Although the mild splenomegaly and lymphadenomegaly are most likely related to the pancreatitis, emerging neoplasia needs to be considered.

**IMAGING PERFORMED BY**

Dr Sarah Barthelemy

The appearance of the kidneys is consistent with early chronic kidney disease.

Further assessment would be UPC, blood pressure, and FNA cytology of the spleen, lymph nodes, and pancreas.

**HOSPITAL NAME**

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Management of that pancreatitis would be low-fat intestinal diet, anti-emetics, gastric protectants, and analgesics.

**REFERRING VET**

Dr Morley

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**PATIENT**

Max Hilary

**SPECIES**

Feline

**BREED**

Manx

**SEX**

MN

**Age**

12 years

**WEIGHT**

4.8 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Sarah Barthelemy

**HOSPITAL NAME**

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**REFERRING VET**

Dr Morley

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**IMAGES**

**Pancreas**



**Left kidney**



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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