



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bebe Torres History: Anorexia, vomiting.

SPECIES Physical Examination: N/A.

Feline Urinalysis: N/A.

BREED CBC: Neutrophilia.

DSH Serum Biochemistry: No significant abnormalities.

Radiographic Findings: N/A.

SEX

FS

AGE

17 years

WEIGHT

4.5 #

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.7 cm, right 3.6 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal blood flow, left pelvis and capsule. Right pyelectasia (0.3 cm). Cortical cyst in the right kidney. Cranial poles of both kidneys have a hyperechogenic non-vascularized mass-like structure. Small amount of fluid around the cranial pole of the right kidney.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 1.15 x 0.37/39 cm.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Focal hyperechogenic parenchymal nodule (0.5 x 0.6 cm) in the body of the spleen with bulging of the overlying capsule.

Liver

Normal size with increased echogenic appearance, prominent portal markings, and regular curvilinear capsule. Irregular hypoechogenic parenchymal mass (1.4 x 2.1 cm). Few small hyperechogenic parenchymal nodules (0.9 cm). Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct.

INTERPRETED BY

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

IMAGING PERFORMED BY

Denise Bruno LVT, RDMS

HOSPITAL NAME

Forest Hills Animal Clinic

REFERRING VET

Dr Cortes

INVOICE

303607

DATE

11/30/22



PATIENT *Gastrointestinal*

Bebe Torres
SPECIES Feline
Normal appearance of the stomach, duodenum, and colon with no loss of layering, normal wall thickness and peristalsis, and no distension of the lumen. Segmental thickening of the small intestine (up to 0.35 cm) with decreased layering detail but no distention of the lumen. Focal hypoechogenic mural mass (0.4 x 0.6 cm) in the small intestine. Prominent hypoechogenic appearance of the ileo-cecal junction. Small amount of fluid/ingesta within the stomach.

BREED *Pancreas*

DSH
Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX *Free Abdomen*

FS
No mesenteric lymphadenomegaly.

AGE
Prominent appearance of the lymph nodes associated with the ileo-cecal junction.
No ascites.

17 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Primary findings:

- Nodular hepatopathy.
- Liver, spleen, kidney, and small intestinal masses.
- Enteropathy.

Secondary findings:

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

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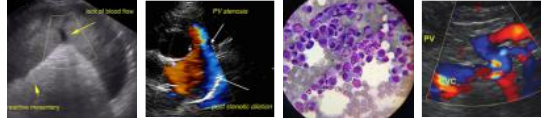
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the multiple masses, appearance of the small intestine and ileo-cecal junction, and the prominent ileo-cecal lymph nodes, neoplasia (lymphoma, metastatic) would be a highly likely diagnosis, with granulomatous disease, a less likely differential diagnosis. The appearance of the pancreas is consistent with chronic pancreatitis.

Further assessment/therapy needs to be based on the pending cytology results but could include 3-view thoracic radiographs and FNA cytology of the other masses.



PATIENT IMAGES

Bebe Torres **Liver**

SPECIES

Feline

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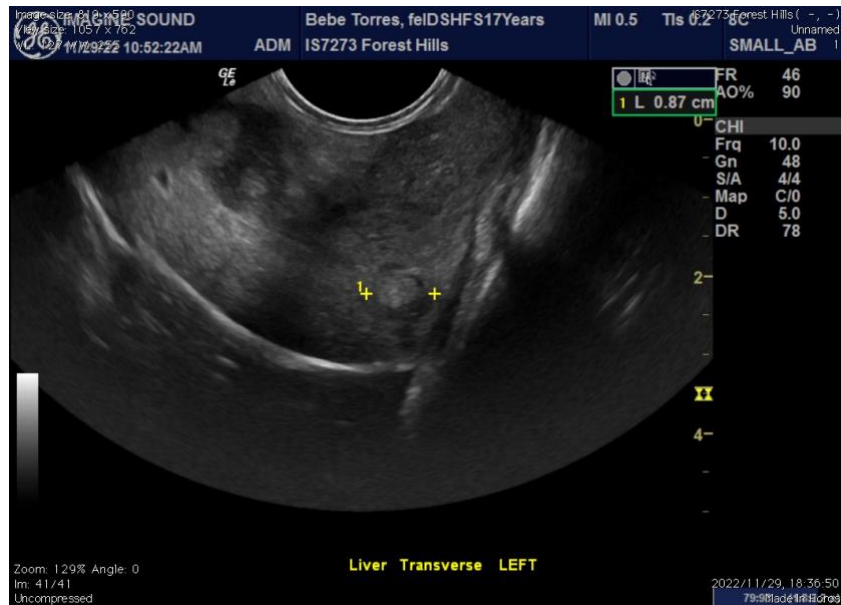
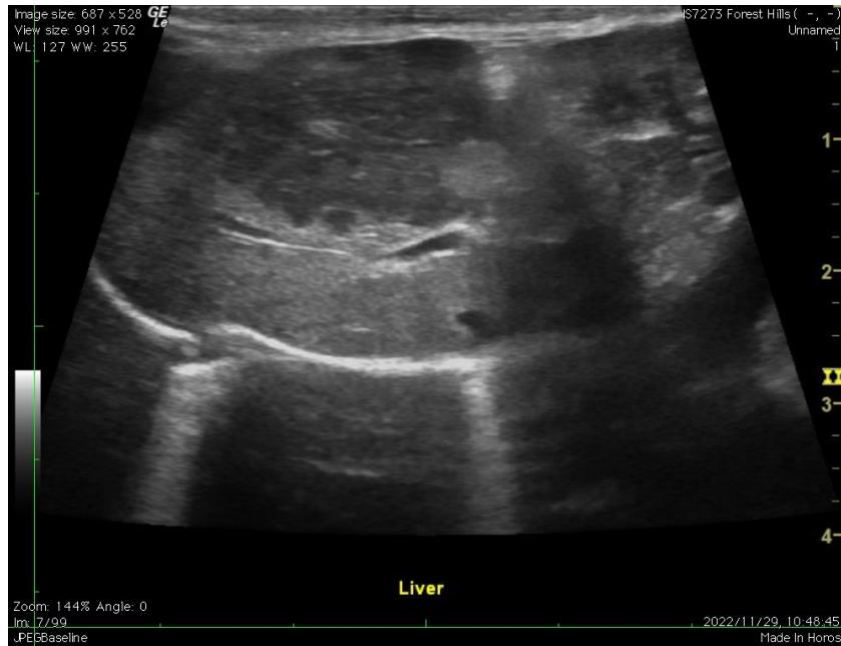
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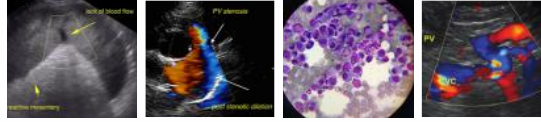
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PATIENT Small intestine

Bebe Torres

SPECIES

Feline

BREED

DSH

SEX

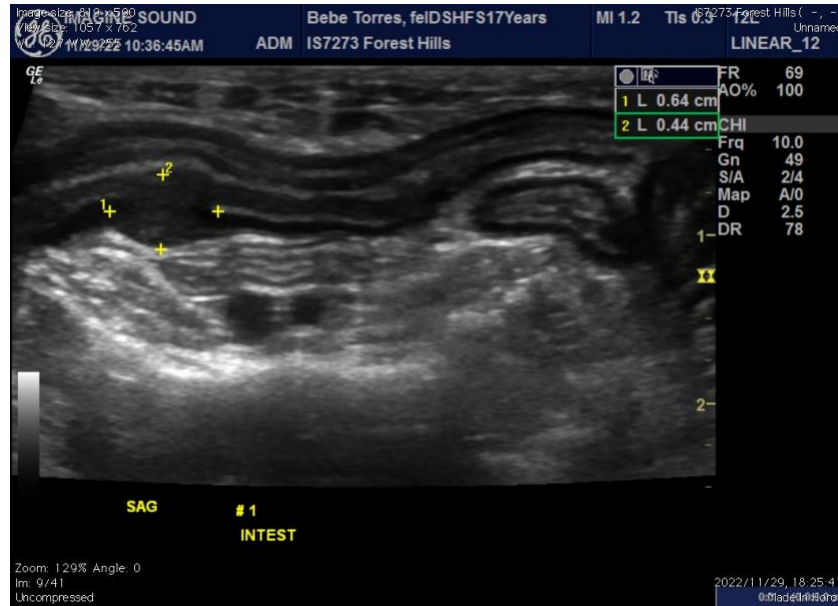
FS

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Left kidney



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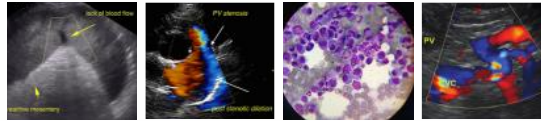
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PATIENT Right kidney

Bebe Torres

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BREED

DSH

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Spleen

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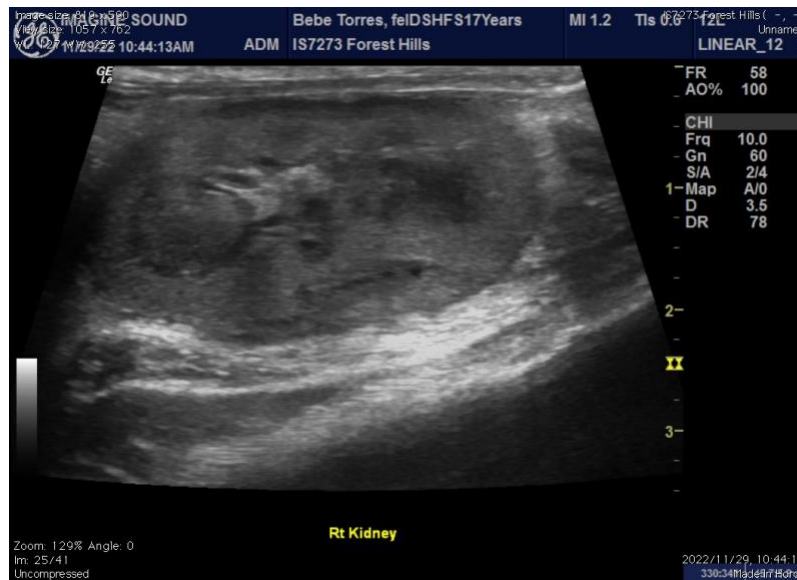
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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