


PATIENT PRESENTING CLINICAL SIGNS

PATIENT Snowball McCulloh **History:** Inconsistent urination and bowel movements, dysuria, weight loss. Previously diagnosed with renoliths.

SPECIES Physical Examination: N/A.

Feline Urinalysis: N/A.

BREED CBC: N/A.

DMH Serum Biochemistry: N/A

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. Moderate amount of floating hyperechogenic sediment. No uroliths evident.

WEIGHT

12 #

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

Normal iliac lymph nodes. Ureters not visualized.

INTERPRETED BY

Left kidney – enlarged (5.6 cm) with a mottled echogenic and irregular parenchymal mass (4.2 x 4.5 cm). FNA taken without any obvious post aspirate hemorrhage.

Right kidney – enlarged (5 cm) with a normal echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

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

IMAGING PERFORMED BY
Reproductive System

Sonya Myers, DVM

N/A.

HOSPITAL NAME
Adrenal Glands

Oviedo Veterinary Care and
Emergency

Normal position, echogenic appearance, shape, and size. Left 0.32 cm, right 0.45 cm.

Spleen
REFERRING VET

Dr McIntosh

Normal size (0.9 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

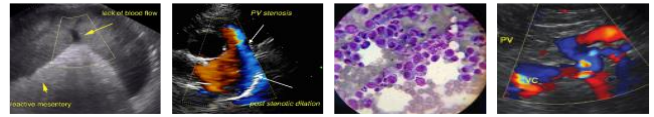
INVOICE
Liver

303526

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

DATE

11/4/22



PATIENT *Gastrointestinal*

Snowball McCulloh

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.28 cm, jejunum 0.28 cm) and peristaltic activity, and no distension of the lumen.

SPECIES

Feline

Pancreas

BREED

DMH

Enlarged (left 1.4 cm, right 0.4 cm) with a hypoechogenic appearance and irregular capsule. Visible pancreatic duct. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

MN

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Free Abdomen

Mesenteric lymphadenomegaly (0.7 x 1.1 cm) with a rounded shape and hypoechogenic appearance.

No ascites.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

12 #

Primary Findings:

- Pancreatitis.
- Left renal mass.
- Right renomegaly.
- Mesenteric lymphadenomegaly.

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

Secondary Findings:

- Urinary bladder sediment.

IMAGING PERFORMED BY

Sonya Myers, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

The appearance of the pancreas is consistent with pancreatitis.

Etiologies for the renal mass would be neoplasia and granuloma.

The most likely etiology for the right renomegaly would be compensatory hypertrophy with bacterial nephritis and FIP, differential diagnoses.

Etiologies for the lymphadenomegaly would be reactive, hyperplasia, lymphadenitis, and infiltrative neoplasia.

Further assessment needs to be based on the results of the pending cytology but could include 3-view thoracic radiographs, urinalysis, urine culture, fPL/PSL assay, and FNA cytology of the lymph nodes. Left nephrectomy would be indicated if renal function is normal.

Specific therapy would be dependent on an etiological diagnosis.

REFERRING VET

Dr McIntosh

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PATIENT

Snowball McCulloh

SPECIES

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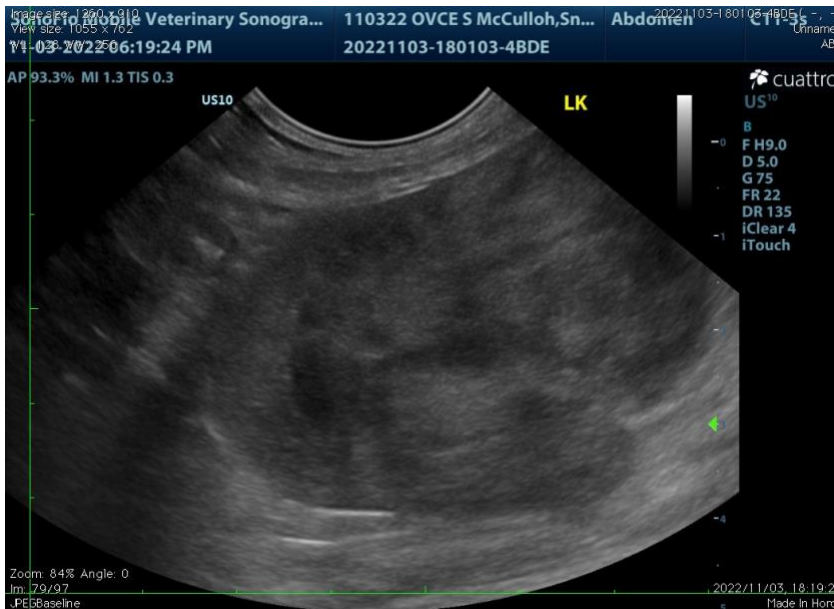
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IMAGES

Pancreas



Left kidney



INTERPRETED BY

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

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
 Emergency

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PATIENT

Mesenteric lymph node

Snowball McCulloh

SPECIES

Feline

BREED

DMH

SEX

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12 years

WEIGHT

12 #



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

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)
rlobetti@mweb.co.za

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Sonya Myers, DVM

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