

PATIENT PRESENTING CLINICAL SIGNS

Nina Peters History: Ataxia, possible pain, weight loss, inappetence, constipation. Enteritis and pancreatitis on previous ultrasound (3/21).

SPECIES Physical Examination: N/A.

Feline Urinalysis: SG 1.038, 1+ protein.

BREED CBC: Mild neutropenia.

DSH Serum Biochemistry: Elevated fPL.

SEX Radiographic Findings: N/A.

FS ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE *Urinary System*

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

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

9.1 # Normal iliac lymph nodes. Ureters not visualized.

INTERPRETED BY Normal renal size (left 3.8 cm, right 4.1 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, pyelectasia (left 0.3 cm, right 0.2 cm) and normal blood flow, and capsule. Bilateral small amount of peri-nephritic fluid accumulation.

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

Reproductive System

IMAGING PERFORMED BY N/A.

Denise Bruno LVT, RDMS

Adrenal Glands

HOSPITAL NAME Normal shape, echogenic appearance, position, and size. Left 0.63 x 0.24 cm, right 0.93 x 0.34 cm.

Brooklyn Heights
Veterinary Hospital

Spleen

REFERRING VET Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Small focal hypoechogenic parenchymal nodule in the body of the spleen. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Dr Thomson

Liver

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

303668

DATE

12/16/22



PATIENT *Gastrointestinal*

Nina Peters Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristalsis, and no distension of the lumen. Segmental thickening of the duodenum and small intestine (up to 0.37 cm) with a prominent hypoechoic appearance of the submucosal layer but with no loss of layering or distension of the lumen.

SPECIES

Feline

Pancreas

BREED

DSH

Normal size (0.5 cm) with a diffuse hypoechoic appearance. Regular capsule. Visible pancreatic duct (0.1 cm). Hyperechoic appearance of the mesentery and fat surrounding the pancreas.

SEX

FS

Free Abdomen

AGE

13 years

Normal mesenteric lymph nodes (0.4 x 0.9 cm).
Visible sacral lymph node (0.3 x 0.8 cm).
No ascites.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

9.1 #

Primary findings:

- Enteropathy.
- Pancreatitis.

INTERPRETED BY

Secondary findings:

- Age-related renal changes.
- Age-related liver changes.
- Splenic nodule.

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

IMAGING PERFORMED BY

Denise Bruno LVT, RDMS

HOSPITAL NAME

Brooklyn Heights
Veterinary Hospital

REFERRING VET

Dr Thomson

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be inflammatory bowel disease, parasitic enteritis, granulomatous enteritis, and emerging neoplasia.

Further assessment would be fecal analysis, cobalamin assay, and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be novel protein/hypoallergenic diet, course of fenbendazole, cobalamin supplementation, and possible prednisolone.

INVOICE

303668

DATE

12/16/22



PATIENT IMAGES

Nina Peters **Small intestine**

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

9.1 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Denise Bruno LVT, RDMS

HOSPITAL NAME

Brooklyn Heights
 Veterinary Hospital

REFERRING VET

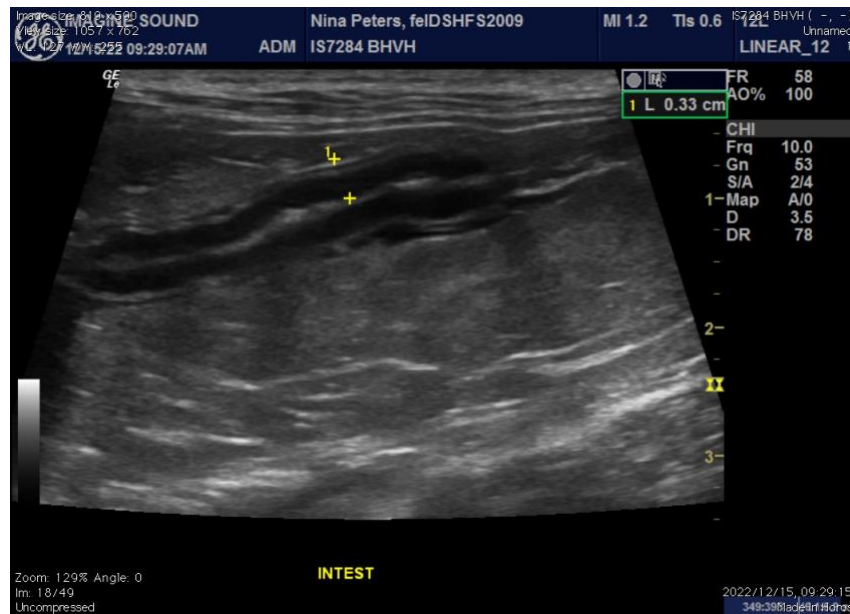
Dr Thomson

INVOICE

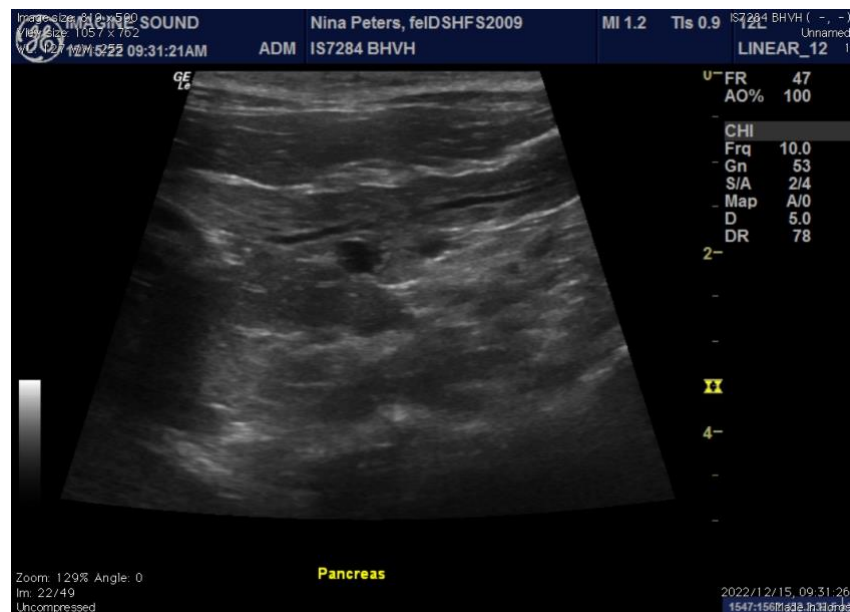
303668

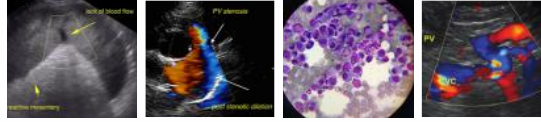
DATE

12/16/22



Pancreas





PATIENT Spleen

Nina Peters

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

9.1 #



INTERPRETED BY

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.

IMAGING PERFORMED BY

Denise Bruno LVT, RDMS

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
rlobetti@mweb.co.za

HOSPITAL NAME

Brooklyn Heights
Veterinary Hospital

REFERRING VET

Dr Thomson

INVOICE

303668

DATE

12/16/22