



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Leonard Bowyer  
**HISTORY:** N/A.

**SPECIES**  
Feline  
**PHYSICAL EXAMINATION:** N/A.

**BREED**  
DSH  
**URINALYSIS:** N/A.

**SEX**  
MN  
**CBC:** Neutropenia.

**AGE**  
13 years  
**SERUM BIOCHEMISTRY:** fPL positive, abnormal BNP.

**WEIGHT**  
15 #  
**RADIOGRAPHIC FINDINGS:** N/A.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

Normal trigone area, proximal urethra (0.3 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Enlarged left kidney (4.7 cm), normal size of right (3.6 cm) with decreased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal position, echogenic appearance, shape, and size. Left 0.36 cm, right 0.43 cm.

**Spleen**

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

**Liver**

Normal size with a hypoechogenic appearance, prominent portal markings, and regular curvilinear capsule. Two masses evident – one in the right liver with a mottled echogenic appearance (2.4 x 4.7 cm), bulging of the overlying capsule, and FNA taken with no obvious post aspirate hemorrhage; and the other one adjacent to the gall bladder with a hyperechogenic and cystic appearance. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.1 cm).

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**REFERRING VET**

Dr Cosgriff

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**DATE**

12/30/22


**PATIENT**
***Gastrointestinal***

Leonard Bowyer

Normal appearance of the stomach, duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (stomach 0.36 cm, duodenum 0.27 cm, jejunum 0.26) and peristaltic activity, and no distension of the lumen. Segmental thickening of the colon (up to 0.48 cm) with no loss of layering or distension of the lumen.

**SPECIES**

Feline

***Pancreas***
**BREED**

DSH

Enlarged (left 0.8 cm, right 0.8 cm) with a hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**SEX**

MN

***Free Abdomen***

Normal mesenteric lymph nodes (2.5 cm).  
No ascites.

**Age**

13 years

***Thorax***

Sternal lymphadenomegaly (0.5 x 0.9 cm) with a rounded and hypoechogenic appearance.  
Pleural effusion.

**WEIGHT**

15 #

**ULTRASONOGRAPHIC FINDINGS**
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**Primary Findings:**

- Hepatopathy.
- Hepatic masses.
- Pancreatitis.
- Colitis.
- Sternal lymphadenomegaly.
- Pleural effusion.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**Secondary Findings:**

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

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

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The most likely etiology for the mottled echogenic hepatic mass would be neoplasia and for the cystic one, a cystadenoma.

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The appearance of the pancreas is consistent with pancreatitis

Etiologies for the colitis would be helminths, non-specific colitis, granulomatous disease, and emerging neoplasia.

Etiologies for the sternal lymph node would be reactive, lymphadenitis, and infiltrative neoplasia.



**PATIENT**

Etiologies for the pleural effusion would be transudate, septic/non-septic exudate, hemorrhage, and modified transudate.

Leonard Bowyer

**SPECIES**

Further assessment needs to be based on the pending cytology results but could include urine and fecal analyses, 3-view thorax radiographs, echocardiography, analysis of the pleural effusion, and rectal cytobrush cytology.

Feline

Specific therapy would be dependent on an etiological diagnosis.

**BREED**

**IMAGES**

DSH

**Liver**

**SEX**

MIN

**Age**

13 years

**WEIGHT**

15 #

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**PATIENT** Colon

Leonard Bowyer

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**Age**

13 years

**WEIGHT**

15 #

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**Pancreas**



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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.

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