



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Azuki English **History:** Weight loss, thickened GI loops. Well controlled hyperthyroidism.

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

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

**SEX** MN **Fecal Analysis:** Negative.

**AGE** 14 years **CBC:** Neutrophilia, monocytosis.

**WEIGHT** 12 # **Serum Biochemistry:** Mildly elevated ALP activity and calcium. Normal fPL and cobalamin. Negative FeLV/FIV.

**INTERPRETED BY** Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM **Radiographic Findings:** N/A.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.3 cm, right 4 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal blood flow, pelvis and capsule.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Left 0.71 x 0.48 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, 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.

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303634

**DATE**

12/7/22

**IMAGING PERFORMED BY**

Denise Bruno LVT, RDMS

**HOSPITAL NAME**

Veterinary House Calls

**REFERRING VET**

Dr Lowenstein



**PATIENT**

***Gastrointestinal***

Azuki English

Normal appearance of the stomach, duodenum, and colon with no loss of layering, normal wall thickness and peristalsis, and no distension of the lumen. Section of the distal ileum leading up to the ileo-cecal junction shows focal thickening (0.71 cm) with loss of layering. Normal thickness and appearance of the rest of the small intestine. Large irregular hypoechoic mass (2.8 x 5.9 cm) involving the ileo-cecal junction with no obvious obstruction.

**SPECIES**

Feline

**BREED**

***Pancreas***

DSH

Normal size with a hypoechoic appearance. Regular capsule. Visible pancreatic duct. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SEX**

***Free Abdomen***

MN

Mesenteric lymphadenomegaly (1.6 x 2.9 cm) with irregular shape and hypoechoic appearance.

**AGE**

14 years

Small amount of acellular ascites.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

12 #

Primary findings:

- Ileo-cecal mass.
- Lymphadenomegaly.
- Ascites.

Secondary findings:

- Age-related renal changes.
- Age-related liver changes.

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MMedVet (Med), PhD,  
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the ileo-cecal mass and lymph nodes would be neoplasia (lymphoma, carcinoma) with granulomatous disease a less likely differential diagnosis. As there is hypercalcemia, lymphoma would be the most likely diagnosis.

The ascites can be ascribed to the mass and lymphadenomegaly.

Further assessment would be 3-view thoracic radiographs and FNA cytology of mass and lymph nodes. If FNA rules out lymphoma, then a laparotomy should be considered as it could be both diagnostic and therapeutic.

Specific therapy would be dependent on an etiological diagnosis.



**PATIENT IMAGES**

Azuki English **Small intestine**

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

14 years

**WEIGHT**

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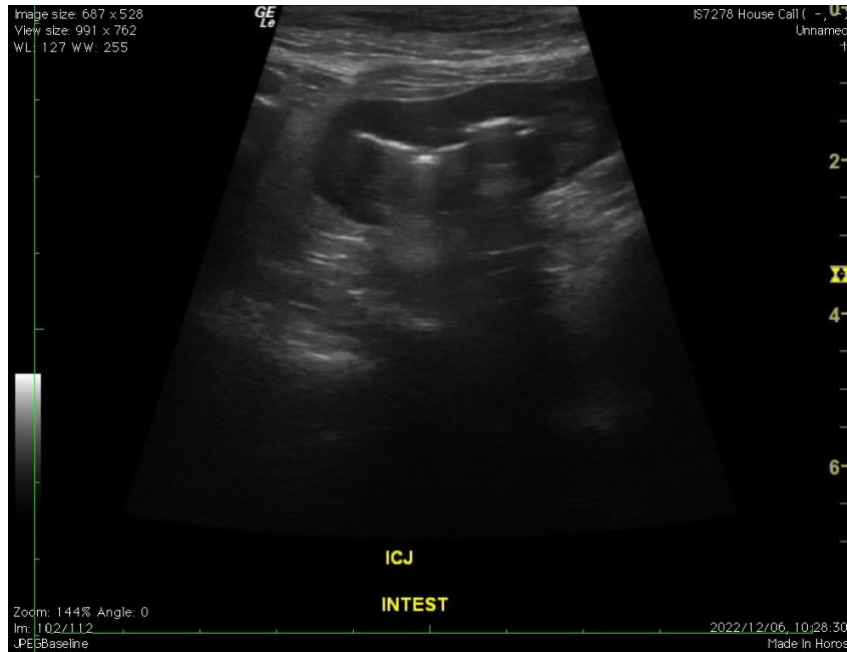
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**Ileo-cecal junction**





**PATIENT Mesenteric lymph nodes**

Azuki English

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

14 years

**WEIGHT**

12 #



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 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.**

**IMAGING PERFORMED BY**

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.

Denise Bruno LVT, RDMS

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