



PATIENT PRESENTING CLINICAL SIGNS

Ruby Thomas History: Vomiting, anorexia.

SPECIES Physical Examination: N/A.

Feline Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

DSH Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS **Urinary System**

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

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

WEIGHT Normal iliac lymph nodes. Ureters not visualized.

10 # Normal renal size (left 4 cm, right 3.8 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule. Bilateral cortico-medullary rim sign present.

INTERPRETED BY **Reproductive System**

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

Adrenal Glands

Normal position, echogenic appearance, shape, and size. Left 0.38 cm, right 0.31 cm.

IMAGING PERFORMED BY **Spleen**

Sonya Myers, DVM Enlarged (1.2 cm) with normal echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted. Incidental myelolipomas.

HOSPITAL NAME **Liver**

Oviedo Veterinary Care and Emergency Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

REFERRING VET **Gastrointestinal**

Dr Lucignani Normal appearance of the stomach, duodenum, and colon with no loss of layering, normal wall thickness (stomach 0.24 cm, duodenum 0.25 cm, colon 0.22 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the small intestine (up to 0.45 cm) with no loss of layering, increased muscularis to mucosa ratio, and no distention of the lumen. Severe thickening of the ileum (0.92 cm) up to the level of the ileo-cecal junction with loss of layering.

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PATIENT *Pancreas*

Ruby Thomas Enlarged (left 0.6 cm, right 0.7 cm) with a hypoechogenic appearance and irregular capsule. Hypoechogenic parenchymal nodule (0.6 x 0.9 cm) in the left limb of the pancreas. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES

Feline *Free Abdomen*

BREED

DSH Mesenteric lymphadenomegaly (0.8 x 2 cm) with a rounded shape and hypoechogenic appearance. No ascites. Hyperechogenic appearance of the mesentery around the ileo-cecal junction and mesenteric lymph nodes.

SEX

FS

Age

9 years

WEIGHT

10 #

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Ileum/ileo-cecal pathology.
- Pancreatitis.
- Pancreatic nodule.
- Splenomegaly.
- Mesenteric lymphadenomegaly.
- Enteropathy.

Secondary Findings:

- Cortico-medullary rim sign.
- Gall and urinary bladder sediment.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and Emergency

REFERRING VET

Dr Lucignani

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the ileum/ileo-cecal pathology would be severe inflammatory bowel disease, granulomatous disease, focal perforation, and neoplasia (lymphoma, sarcoma, carcinoma).

Etiologies for the pancreatic nodule would be reactive secondary to the pancreatitis, hyperplasia, granuloma, abscess, and neoplasia.

Etiologies for the lymph nodes and spleen would be reactive, lymphadenitis/splenitis, and infiltrative neoplasia.

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Besides emerging lymphoma, other etiologies for the enteropathy would be inflammatory bowel disease, parasitic enteritis, and dietary hypersensitivity.

Although the cortico-medullary rim sign may be an incidental finding, hypercalcemia and renal disease needs to be considered.

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Further assessment would be urinalysis, serum biochemistry, fPL/PSL assay, 3-view thoracic radiographs, FNA cytology of the ileum/ileo-cecal junction, spleen, and lymph nodes, and possibly endoscopy upper GI tract and ileum/ileo-cecal junction (approached via the lower GIT tract).

Specific therapy would be dependent on an etiological diagnosis.



PATIENT

Ruby Thomas

SPECIES

Feline

BREED

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IMAGES

Ileo-cecal junction



Mesenteric lymph nodes





PATIENT Jejunum

Ruby Thomas

SPECIES

Feline

BREED

DSH

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FS

Age

9 years

WEIGHT

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Pancreas

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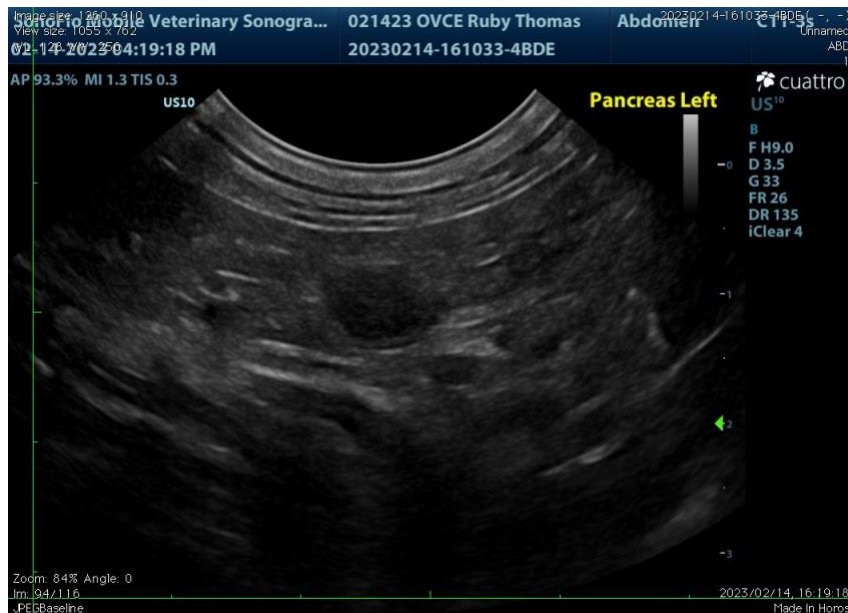
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PATIENT Left kidney

Ruby Thomas

SPECIES

Feline

BREED

DSH

SEX

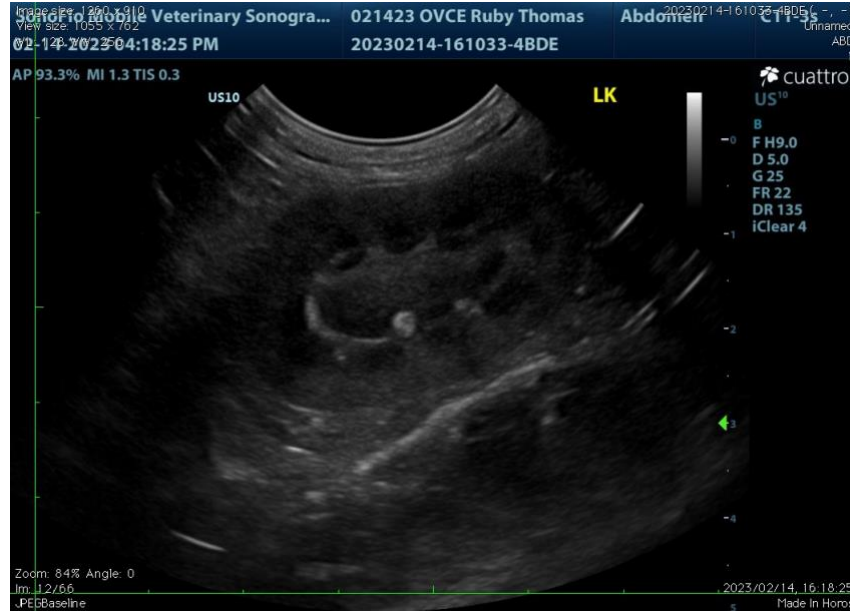
FS

Age

9 years

WEIGHT

10 #



INTERPRETED BY

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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.

IMAGING PERFORMED BY

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