



**PATIENT PRESENTING CLINICAL SIGNS**

Henry Barrett History: Weight loss, inappetence, hematochezia.

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

Feline Urinalysis: N/A.

CBC: N/A.

**BREED** Serum Biochemistry: Top normal creatinine, rest normal.

DSH Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**MN** *Urinary System*

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

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

3.6 kg Normal iliac lymph nodes. Ureters not visualized.

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

**INTERPRETED BY** *Reproductive System*

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

*Adrenal Glands*

**IMAGING PERFORMED BY** Normal shape, echogenic appearance, position, and size. Left 0.38 cm, right 0.44 cm.

Dr Gira

*Spleen*

**HOSPITAL NAME** Enlarged with a diffuse hyperechogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

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**REFERRING VET** *Liver*

Dr Chmielinski – Sabadilla Animal Clinic Enlarged with rounded edges, diffuse hyperechogenic and nodular appearance, loss of portal markings, and regular curvilinear capsule. Nodules are parenchymal, hypoechogenic, and of varying sizes. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct.

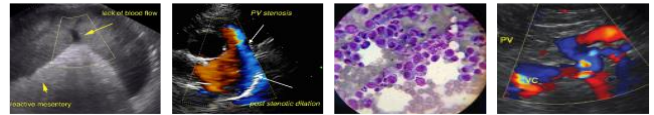
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*Gastrointestinal*

**DATE** Thickening of the stomach, duodenum, small intestine, and colon with no loss of layering, normal peristaltic activity, and no distension of the lumen. Normal appearance of the ileo-cecal junction. Ingesta within the stomach and chyle within the small intestine.

2/2/23


**PATIENT** *Pancreas*

Henry Barrett

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Feline

No mesenteric lymphadenomegaly.  
No ascites.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

**SEX**

- Nodular hepatopathy.
- Splenomegaly
- Renomegaly
- Gastroenteropathy.

**MN**
**Age**

16 years

Secondary Findings:

**WEIGHT**

- Urinary bladder sediment.

3.6 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
**INTERPRETED BY**

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

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

Etiologies for the spleen would be reactive, hyperplasia, splenitis, and infiltrative neoplasia.

**IMAGING PERFORMED BY**

Dr Gira

Etiologies for the kidneys would be acute kidney injury (toxins, hypoxia), bacterial nephritis, granulomatous disease, and emerging lymphoma.

**HOSPITAL NAME**

Resolution Veterinary  
Ultrasound

Etiologies for the gastroenteropathy would be parasitic enteritis, inflammatory bowel disease, dietary hypersensitivity, granulomatous disease, and lymphoma.

Further assessment would be urine and fecal analyses, urine culture, FNA cytology of the liver, liver nodules, spleen, and kidneys, and possibly endoscopy of both the upper and lower GI tract with biopsies.

**REFERRING VET**

Dr Chmielinski – Sabadilla  
Animal Clinic

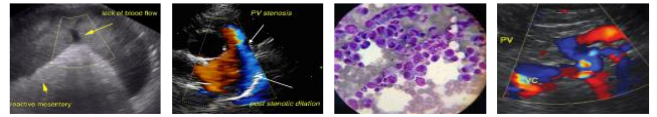
Specific therapy would be dependent on an etiological diagnosis.

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**DATE**

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**PATIENT**

Henry Barrett

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**Age**

16 years

**WEIGHT**

3.6 kg

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Dr Gira

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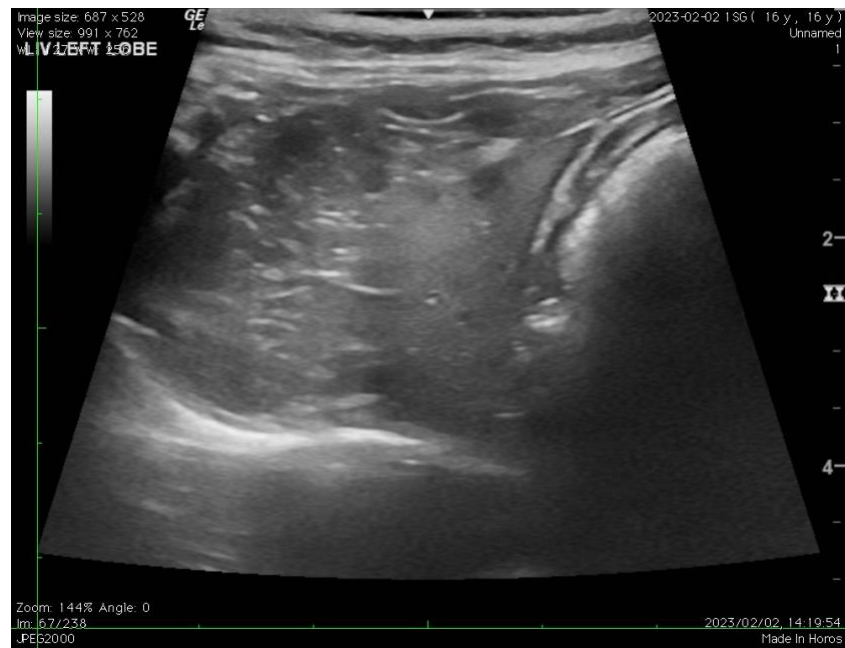
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**DATE**

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**IMAGES**

**Liver**





**PATIENT**      **Kidney**

Henry Barrett

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**Age**

16 years

**WEIGHT**

3.6 kg

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**HOSPITAL NAME**

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**Spleen**



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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