

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Kote Yamamoto History: Chronic diarrhea, weight loss.

SPECIES Feline Physical Examination: N/A.

Breed: DSH Urinalysis: N/A.

BREED DSH Previous CBC: Neutrophilia, eosinophilia.

Previous Serum Biochemistry: Elevated amylase, azotemia.

SEX MN Radiographic Findings: Abdominal mass.

AGE 15 years **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Urinary System

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

WEIGHT 8.7 # Normal trigone area, proximal urethra (0.22 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4 cm, right 4.4 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, irregular capsule, and pyelectasia (left 0.36 cm)

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

Reproductive System

N/A.

IMAGING PERFORMED BY Denise Bruno LVT, RDMS

Adrenal Glands

Poorly visualized.

Spleen

Enlarged (1.3 cm) with a diffuse hyperechogenic appearance. Few hypoechogenic parenchymal nodules evident. Smooth homogenous parenchyma, scalloped appearance of the capsule, and normal vasculature.

REFERRING VET Dr Mosaad

Liver

Enlarged with a mottled echogenic appearance, and prominent blood vessels and portal markings. No nodules or masses evident. Full gall bladder containing a small amount of hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct.

INVOICE 302775 **Gastrointestinal**

DATE 2/21/22 Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen. Segmental thickening of the small intestine (up to 0.42 cm) with some loss of layering and mucosal stippling but no distension of the lumen.



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WEIGHT

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Pancreas

Visible sections are of normal size and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Irregular mottled vascularized echogenic mass (3.1 x 5 cm) in the region of the pancreas but most likely associated with an intestinal loop.

No mesenteric lymphadenopathy.

Acellular ascites.

Hyperechogenic appearance of the mesentery.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Abdominal mass.
- Splenic pathology.
- Mesenteric inflammation with ascites.
- Enteropathy.
- Hepatopathy.
- Renal disease.

Secondary findings:

- Urinary bladder sediment.
- Gall bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the mass, mesenteric inflammation, ascites, and splenic changes, important etiologies would be neoplasia, granulomatous disease, and FIP.

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

Etiologies for the enteropathy would be severe inflammatory bowel disease, lymphoma, and granulomatous disease.

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

Initial further assessment would be serum proteins, analysis of the ascites, and FNA cytology of the mass, liver, and spleen.

Specific therapy would be dependent on an etiological diagnosis.



PATIENT IMAGES

Kote Yamamoto

Mass

SPECIES

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Small intestine





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15 years

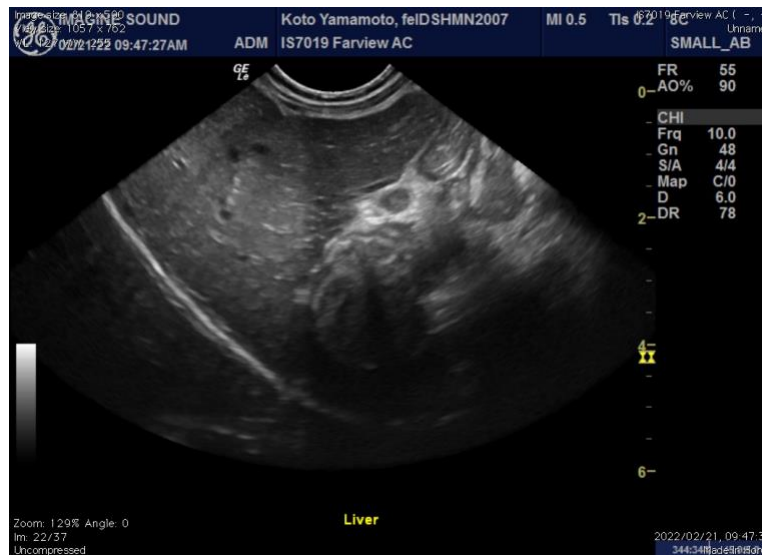
WEIGHT

8.7 #

Spleen/mesentery



Liver



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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.

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