



**PATIENT PRESENTING CLINICAL SIGNS**

Winnie Resnick History: Hyporexia, pleural effusion, dyspnea. Restrictive cardiomyopathy on echocardiography.

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

Feline Urinalysis: N/A.

CBC: N/A.

**BREED** Serum Biochemistry: N/A.

DMH Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**FS** *Urinary System*

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

12 years Normal trigone area, proximal urethra (0.2 cm), and iliac blood vessels.

**WEIGHT** Normal iliac lymph nodes. Ureters not visualized.

11 # Normal renal size (both 3.7 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**INTERPRETED BY** *Reproductive System*

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

*Adrenal Glands*

**IMAGING PERFORMED BY** Normal position, echogenic appearance, shape, and size. Left 0.58 cm, right 0.37 cm.

Sonya Myers, DVM

*Spleen*

**HOSPITAL NAME** Normal size (0.5 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Oviedo Veterinary Care and Emergency

*Liver*

**REFERRING VET** Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).

Dr Caja

**INVOICE** *Gastrointestinal*

303949 Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.15 cm, jejunum 0.21 cm, colon 0.18 cm) and peristalsis, and no distension of the lumen.

**DATE**

3/1/23



**PATIENT** *Pancreas*

Winnie Resnick

Normal size (left 0.5 cm, right 0.6 cm) echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Feline

No mesenteric lymphadenomegaly.

Small amount of ascites present.

**BREED**

Dilated caudal vena cava and hepatic veins.

DMH

Pleural effuse effusion present.

**SEX** **ULTRASONOGRAPHIC FINDINGS**

FS

Primary Findings:

**Age**

- Dilated hepatic veins and caudal vena cava.
- Ascites.

12 years

Secondary Findings:

**WEIGHT**

- Urinary bladder sediment.

11 #

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

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

The dilated vasculature and ascites would be consistent with the restrictive cardiomyopathy.

Further assessment that could be considered would be urinalysis.

Specific therapy would be management of the restrictive cardiomyopathy.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**REFERRING VET**

Dr Caja

**INVOICE**

303949

**DATE**

3/1/23



**PATIENT IMAGES**

Winnie Resnick

**Caudal vena cava**

**SPECIES**

Feline

**BREED**

DMH

**SEX**

FS

**Age**

12 years

**WEIGHT**

11 #



**Pleural effusion**

**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 Caja



**INVOICE**

303949

**DATE**

3/1/23

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)**  
[rlobetti@mweb.co.za](mailto:rlobetti@mweb.co.za)