

**PATIENT**

Toby Graves

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

7 years

**WEIGHT**

4.5 #

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Lara Wiseman, DVM

**HOSPITAL NAME**

Village Royale Animal  
Clinic

**REFERRING VET**

Dr Gonzalez

**INVOICE**

302790

**DATE**

3/2/22

**PRESENTING CLINICAL SIGNS**

History: Weight loss. FIV positive.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: Suspected hepatic mass.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

Normal trigone area, proximal urethra (0.26 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Left kidney – enlarged (4.2 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, irregular capsule, and pyelectasia (0.47 cm).

Right kidney – small (1.8 cm), hyperechogenic, irregular, and with complete loss of cortico-medullary differentiation.

**Reproductive System**

N/A.

**Adrenal Glands**

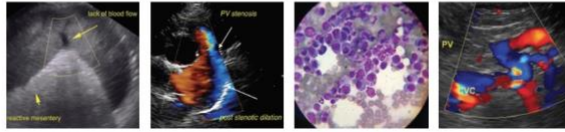
Normal shape, position, size, and echogenic appearance. Left 0.28 cm, right 0.3 cm.

**Spleen**

Normal size (0.5 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. Focal mottled echogenic parenchymal mass (0.8 x 1.1 cm) in the body of the spleen with distortion of the overlying capsule.

**Liver**

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Normal bile duct (0.2 cm).



**PATIENT**

Toby Graves

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

7 years

**WEIGHT**

4.5 #

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Lara Wiseman, DVM

**HOSPITAL NAME**

Village Royale Animal  
Clinic

**REFERRING VET**

Dr Gonzalez

**INVOICE**

302790

**DATE**

3/2/22

**Gastrointestinal**

Normal appearance of the pylorus, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering and normal wall thickness (duodenum 0.18 cm, jejunum 0.23 cm, colon 0.22 cm) and peristaltic activity. Large gastric wall mass (2.6 x 3.9 cm) extending into the pylorus. Hyperechogenic appearance of the peri-gastric mesentery.

**Pancreas**

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

**Free Abdomen**

Normal mesenteric lymph nodes.

Gastric and colonic lymphadenopathy with rounded shape and hypoechogenic appearance.  
No ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Gastric mass.
- Lymphadenomegaly.
- Renal disease.
- Splenic mass.

Secondary findings:

- Urinary bladder sediment.

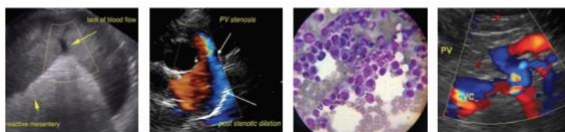
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the stomach would be neoplasia (lymphoma, adenocarcinoma) with granulomatous disease a differential diagnosis.

Etiologies for the lymphadenomegaly and splenic mass would be reactive, lymphadenitis, and infiltrative neoplasia.

Etiologies for the right kidney would be a congenital anomaly or a previous episode of nephritis or obstructive uropathy. The left kidney is consistent with compensatory hypertrophy with associated chronic renal changes and a possibility of pyelonephritis. Besides the pyelectasia, the appearance of the kidneys is similar to what was evident on the previous ultrasound (6/21).

Although the urinary bladder sediment may be an incidental finding, cystitis (bacterial or sterile), crystalluria, and hemorrhage needs to be considered.



**PATIENT**

Toby Graves

Further assessment would be urinalysis, urine culture, 3 view thoracic radiographs, and FNA cytology of the splenic nodule, lymph nodes, and gastric wall. Gastroscopy could also be considered.

**SPECIES**

Feline

Specific therapy would be dependent on an etiological diagnosis. Surgical excision of the gastric mass does not appear would be feasible option.

**BREED**

DSH

**IMAGES**

**SEX**

MN

**Urinary bladder**

**AGE**

7 years



**WEIGHT**

4.5 #

**INTERPRETED BY**

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

**Left kidney**

**IMAGING PERFORMED BY**

Lara Wiseman, DVM



**HOSPITAL NAME**

Village Royale Animal  
 Clinic

**REFERRING VET**

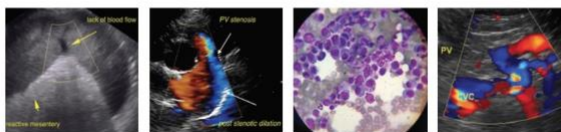
Dr Gonzalez

**INVOICE**

302790

**DATE**

3/2/22



**PATIENT**

Toby Graves

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

7 years

**WEIGHT**

4.5 #

**Spleen**



**Stomach**



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Lara Wiseman, DVM

**HOSPITAL NAME**

Village Royale Animal  
 Clinic

**REFERRING VET**

Dr Gonzalez

**INVOICE**

302790

**DATE**

3/2/22

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