



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Stuie Brockman
History: Vomiting, anorexia, lethargy.

SPECIES
Feline
Physical Examination: Grade II/VI heart murmur.
Urinalysis: N/A.
CBC: N/A.

BREED
Bengal
Serum Biochemistry: N/A.
Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN *Urinary System*

Age
2 years
Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

WEIGHT
10 #
Normal trigone area, proximal urethra (0.2 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.7 cm, right 4 cm), echogenic appearance, cortico-medullary differentiation, and pelvis, with an irregular appearance of the capsule.

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Reproductive System

N/A.

Adrenal Glands

Normal position, echogenic appearance, shape, and size. Left 0.44 cm, right 0.35 cm.

Spleen

Enlarged (1.4 cm) with a normal echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.1 cm).

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.24 cm, duodenum 0.24 cm, jejunum 0.24 cm, colon 0.22 cm) and peristaltic activity, and no distension of the lumen.

INVOICE

304009

DATE

3/14/23

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

REFERRING VET

Dr Williams

**PATIENT** *Pancreas*

Stuie Brockman

Enlarged (right 0.9 cm) with a hypoechoogenic appearance and irregular capsule. Visible pancreatic duct. Hyperechoogenic appearance of the mesentery and fat surrounding the pancreas that extends to the stomach.

SPECIES

Feline

*Free Abdomen***BREED**

Bengal

Mesenteric lymphadenomegaly (0.6 x 1.9 cm) with normal shape and echogenic appearance. No ascites evident.

ULTRASONOGRAPHIC FINDINGS**SEX**

Primary Findings:

MN

- Pancreatitis.
- Splenomegaly.
- Lymphadenomegaly.

Age

2 years

Secondary Findings:

WEIGHT

- Irregular renal capsule.

10 #

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

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

The splenomegaly and lymphadenomegaly can both be ascribed to the pancreatitis with differential diagnoses being splenitis and lymphadenitis, respectively.

The appearance of the renal capsules can be considered an incidental finding.

IMAGING PERFORMED BY

Sonya Myers, DVM

Further assessment would be fPL/PSL assay and possibly FNA cytology of the spleen and lymph nodes.

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Management of the pancreatitis would be fluid therapy and correction of electrolyte anomalies (as needed), anti-emetics, opioid analgesics, and low-fat intestinal diet.

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PATIENT

Stuie Brockman

SPECIES

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Bengal

SEX

MN

Age

2 years

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IMAGES

Pancreas



Spleen

INTERPRETED BY

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

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PATIENT

Stuie Brockman

Mesenteric lymph node

SPECIES

Feline

BREED

Bengal

SEX

MN

Age

2 years

WEIGHT

10 #



INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Sonya Myers, DVM

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.

HOSPITAL NAME

Oviedo Veterinary Care and
 Emergency

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
rlobetti@mweb.co.za

REFERRING VET

Dr Williams

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