

PATIENT

Jason Mann

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

4 years

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

Brent Crutchfield, DVM

HOSPITAL NAME

Treasure Coast Animal
Emergency

REFERRING VET

Angela Cail

INVOICE

304032

DATE

3/21/23

PRESENTING CLINICAL SIGNS

History: Acute onset lethargy that is progressive.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: Leukocytosis.

Serum Biochemistry: Hypoalbuminemia.

Radiographic Findings: Normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and appearance of the wall containing normal anechoic urine. Small uroliths/dependent hyperechogenic sediment present.

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (both 4.2 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.48 cm, right 0.46 cm.

Spleen

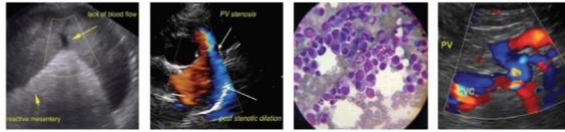
Enlarged with increased echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident.

Gall bladder

Full bladder containing normal anechoic bile. Normal thickness (0.1 cm) and echogenic appearance of the wall. Normal bile duct.



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.31 cm, duodenum 0.24 cm, jejunum 0.26 cm, colon 0.1 cm) and peristaltic activity, and no distension of the lumen.

Pancreas

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

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Splenomegaly

Secondary findings:

- Uroliths/sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenomegaly would be reactive, hyperplasia, splenitis, and infiltrative neoplasia (lymphoma, mast cell tumor).

Further assessment/therapy would be dependent on the pending cytology results.

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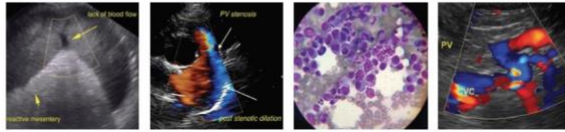
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IMAGES

Spleen



Urinary bladder



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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.

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