



**PATIENT PRESENTING CLINICAL SIGNS**

Gingi Ma History: Black vomit, anorexia, distended abdomen.

**SPECIES** Physical Examination: Pyrexia.

Feline Urinalysis: N/A.

CBC: Neutrophilia, monocytosis.

**BREED** Serum Biochemistry: Elevated glucose and phosphate.

DSH 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 dependent hyperechogenic sediment present. No uroliths evident.

**WEIGHT** Normal trigone area, proximal urethra (0.5 cm), and iliac blood vessels. Small amount of sediment within the proximal urethra evident.

9 # Normal iliac lymph nodes. Ureters not visualized.

**INTERPRETED BY** Normal renal size (left 4.2 cm, right 4.1 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

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ECVIM

**Reproductive System**

N/A.

**IMAGING PERFORMED BY Adrenal Glands**

Sonya Myers, DVM Normal shape, echogenic appearance, position, and size. Left 0.38 cm, right 0.38 cm.

**HOSPITAL NAME Spleen**

Oviedo Veterinary Care and Emergency 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.

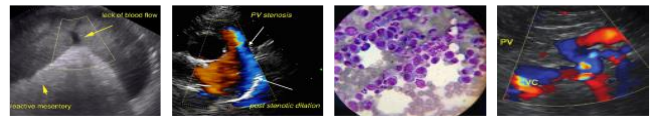
**REFERRING VET Liver**

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

**INVOICE Gall bladder**

304039 Small containing normal anechoic bile. Thickened and hyperechogenic appearance of the wall. Mild dilation of the bile duct (0.3 cm). Focal shadowing cholelith (0.4 cm) within the duodenal papilla without any major distention of bile duct

**DATE**  
3/22/23


**PATIENT**
***Gastrointestinal***

Gingi Ma

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**Age**

1 year

Normal appearance of the small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (jejunum 0.2 cm, colon 0.13 cm) and peristaltic activity, and no distension of the lumen. Fluid distended stomach with normal thickness (0.21 cm) and appearance of the wall. Large irregular mottled echogenic poorly vascularized duodenal mass (1.6 x 4.7 cm) with distension of the lumen proximal to the mass. Hyperechogenic appearance of the mesentery around the duodenum and cranial abdomen.

***Pancreas***

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

***Free Abdomen***

No mesenteric lymphadenomegaly.  
No ascites evident.

**WEIGHT**

9 #

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Obstructive duodenal mass.

Secondary Findings:

- Gall and urinary bladder sediment.
- Previous cholecystitis.
- Non-obstructive cholelith.

**INTERPRETED BY**

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**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**REFERRING VET**

Dr Caja

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the duodenal mass would be neoplasia with granulomatous disease a differential diagnosis.

Further assessment would be 3-view thoracic radiographs, FNA cytology of the duodenal mass, and laparotomy, the latter potentially being both diagnostic and therapeutic.

Specific therapy would be dependent on an etiological diagnosis.

**INVOICE**

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**DATE**

3/22/23



**PATIENT**      **IMAGES**  
 Gingi Ma      **Duodenum**

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**Age**

1 year

**WEIGHT**

9 #



**INTERPRETED BY**

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**IMAGING PERFORMED BY**

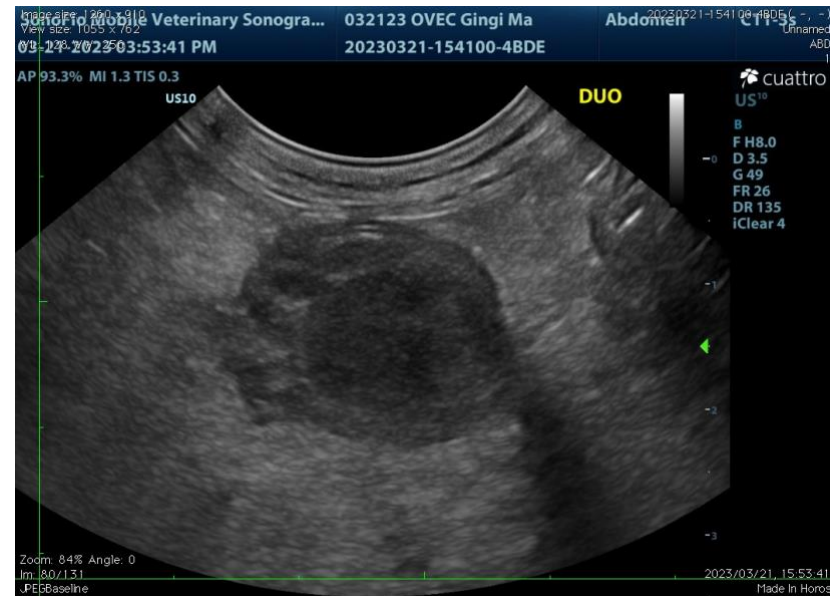
Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
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**REFERRING VET**

Dr Caja



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**PATIENT**      **Stomach**

Gingi Ma

**SPECIES**

Feline

**BREED**

DSH

**SEX**

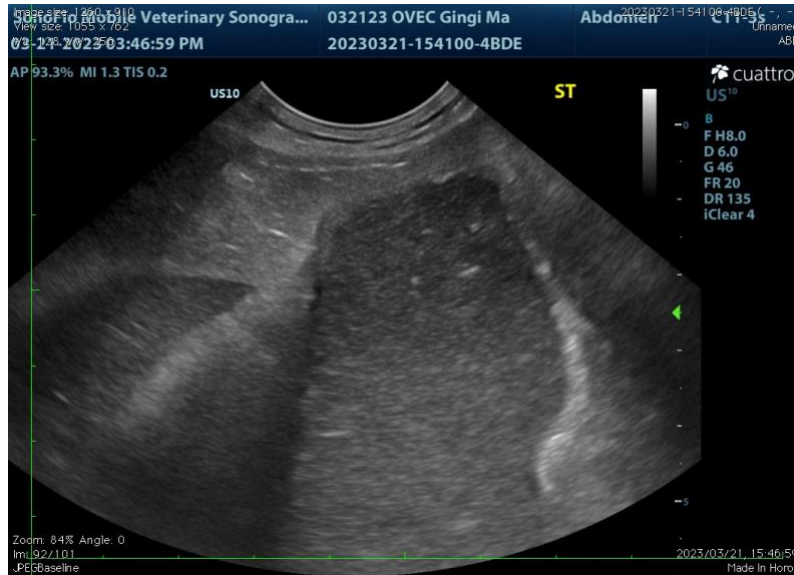
FS

**Age**

1 year

**WEIGHT**

9 #



**Duodenal papilla**



**INTERPRETED BY**

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**IMAGING PERFORMED BY**

Sonya Myers, DVM

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**REFERRING VET**

Dr Caja

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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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