



**PATIENT PRESENTING CLINICAL SIGNS**

JJ Nawrocki History: Weight loss, newly diagnosed diabetes.

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

Feline Urinalysis: N/A.

**BREED** CBC: Lymphopenia.

DSH Serum Biochemistry: Elevated urea, glucose, fructosamine. Low sodium and chloride.

Radiographic Findings: N/A.

**SEX**

MN

**AGE**

17 years

**WEIGHT**

9 #

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with a normal thickness and appearance of the wall. No sediment or uroliths evident.

Normal trigone area, proximal urethra (0.19 cm), and iliac blood vessels.

Iliac lymph nodes and ureters not visualized.

Normal renal size (left kidney 3.7 cm, right 4.2 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule, pelvis, and blood flow.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position. Left 0.82 x 0.48 cm.

**Spleen**

Normal size (0.7 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**Liver**

Normal size with a coarse echogenic appearance, and some loss of portal markings. No nodules or masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.25 cm).

**Gastrointestinal**

Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristalsis, and no distension of the lumen. Segmental thickening of the small intestine (up to 0.38 cm) with a prominent hypoechoic appearance of the submucosal layer but no loss of layering or distension of the lumen.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Denise Bruno LVT, RDMS

**HOSPITAL NAME**

Vetcierge

**REFERRING VET**

Dr Lavine

**INVOICE**

302800

**DATE**

3/8/22



**PATIENT** *Pancreas*

JJ Nawrocki  
**SPECIES** Enlarged (0.8 cm) with a diffuse hypoechoic appearance and irregular capsule. Multiple small parenchymal hypoechoic nodules. Visible pancreatic duct (0.3 cm). Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Feline **Free Abdomen**

**BREED** No mesenteric lymphadenopathy.  
No ascites.

DSH

**ULTRASONOGRAPHIC FINDINGS**

**SEX** Primary findings:

- MN
- Pancreatitis.
  - Hepatopathy.
  - Enteropathy.

**AGE**

17 years

Secondary findings:

**WEIGHT**

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- Age-related renal changes.
- Gall bladder sediment.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the appearance of the pancreas would be chronic pancreatitis, with neoplasia, a differential diagnosis. This could also account for the diabetic state.

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The most likely etiology for the hepatopathy would be metabolic secondary to the diabetes with cholangio-hepatitis complex, lipidosis, granulomatous disease, and infiltrative neoplasia differential diagnoses.

**HOSPITAL NAME**

Etiologies for the enteropathy would be inflammatory bowel disease, dietary hypersensitivity, parasitic enteritis, and granulomatous disease.

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**REFERRING VET**

Further assessment would be fecal analysis, fPL/PSL, cobalamin assay, FNA cytology of the liver and pancreas and possibly endoscopy of the upper GI tract with biopsies.

Dr Lavine

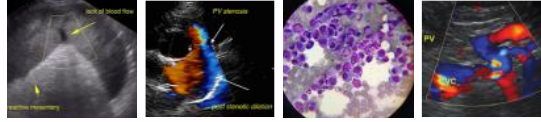
Specific therapy would be dependent on an etiological diagnosis.

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**PATIENT IMAGES**

JJ Nawrocki **Small intestine**

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

17 years

**WEIGHT**

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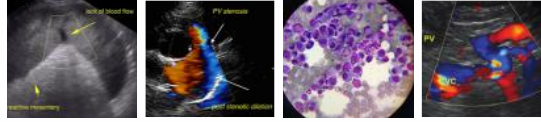
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**Liver**





**PATIENT Pancreas**

JJ Nawrocki

**SPECIES**

Feline

**BREED**

DSH

**SEX**

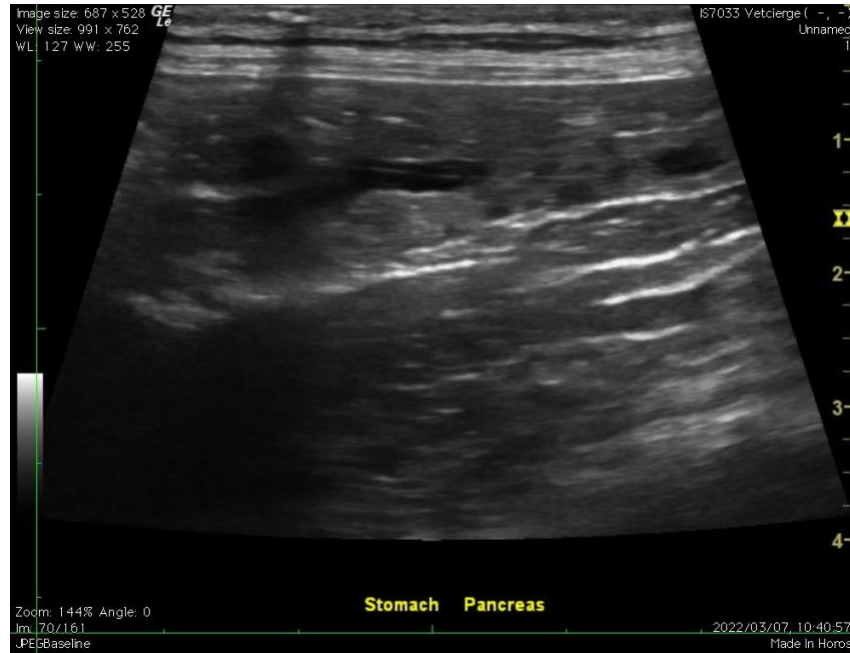
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**AGE**

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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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