



**PATIENT PRESENTING CLINICAL SIGNS**

**Kirby Hanson** History: Follow up ultrasound. Presented on 3/24/ for progressive anorexia, lethargy, and hypodipsia. Ultrasound showed intestinal mass and an enlarged mesenteric lymph node. Cytology of the mesenteric lymph node was inconclusive.

**SPECIES**

Feline

**BREED**

DLH

**SEX**

MN

**AGE**

13 years

**WEIGHT**

7.3 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

WVRC – Dr Wirth

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**DATE**

4/2/22

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4 cm, right 4.3 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and pelvis.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, appearance, position, and size. Left 0.39 cm, right 0.45 cm.

**Spleen**

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

**Liver**

Enlarged with rounded edges, diffuse coarse and mottled echogenic appearance, and some loss of portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.



**PATIENT** *Gastrointestinal*

Kirby Hanson

Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.37 cm) and peristaltic activity, and no distension of the lumen. Focal irregular small intestinal hypoechogenic mass (1.3 x 2.9 cm) with a hyperechogenic appearance of the surrounding mesentery but with no associated intestinal obstruction. Normal thickness (0.33 cm) and appearance of the rest of the small intestine.

**SPECIES**

Feline

**BREED** *Pancreas*

DLH

Normal size (0.41 cm) with a diffuse hyperechogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SEX** *Free Abdomen*

MN

Focal enlarged mesenteric lymph node (2.9 x 4.6 cm) with loss of normal shape and a hyperechogenic appearance.

**AGE**

13 years

Visible ileo-cecal lymph node (0.47 cm) with normal shape and echogenic appearance. No ascites.

**WEIGHT** **ULTRASONOGRAPHIC FINDINGS**

7.3 kg

Primary Findings:

- Small intestinal mass.
- Focal mesenteric lymphadenomegaly.
- Hepatopathy.

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Secondary Findings:

- Pancreatic fibrosis.
- Age-related renal changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

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The most likely etiology for the small intestinal mass would be neoplasia (lymphoma, carcinoma, sarcoma) with granulomatous disease a differential diagnosis.

Likewise, the most likely etiology for the mesenteric lymph node would be infiltrative neoplasia, with granulomatous reaction a differential diagnosis.

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Etiologies for the hepatopathy would be reactive, cholangio-hepatitis complex, lipidosis, and infiltrative neoplasia.

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Although the appearance of the pancreas is consistent with fibrosis, chronic pancreatitis needs to be considered.

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Overall the changes evident on this ultrasound are similar to those reported on the previous ultrasound. As the previous FNA cytology was non-diagnostic, metastatic intestinal sarcoma would be an important consideration.



**PATIENT**

Kirby Hanson

Further assessment would be liver enzyme activity, fPL/PSL assay, to repeat FNA cytology of the intestinal mass and lymph node as well as the liver, and 3-view thoracic radiographs. Laparotomy should be considered, which could be both diagnostic and therapeutic.

**SPECIES**

Feline

Specific therapy would be dependent on an etiological diagnosis.

**BREED**

DLH

**IMAGES**

**Liver**

**SEX**

MN

**AGE**

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**Pancreas**

**HOSPITAL NAME**

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**PATIENT**      **Small intestine**

Kirby Hanson

**SPECIES**

Feline

**BREED**

DLH

**SEX**

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**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

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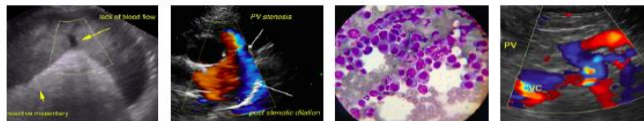
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**PATIENT Mesenteric lymph node**

Kirby Hanson

**SPECIES**

Feline

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MN

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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.

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