



PATIENT PRESENTING CLINICAL SIGNS

Dobie Hessler History: Chronic vomiting. History of heart murmur.

SPECIES Physical Examination: N/A.

Feline Urinalysis: N/A.

CBC: Normal.

BREED Serum Biochemistry: Normal.

DSH Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN *Urinary System*

Age Full urinary bladder with a normal thickness and appearance of the wall. Moderate amount of floating hyperechogenic sediment present. No uroliths evident.

11 years Normal trigone area, proximal urethra (0.2 cm), and iliac blood vessels.

WEIGHT Normal iliac lymph nodes (0.7 cm). Ureters not visualized.

Normal renal size (left 4.4 cm, right 4.4 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis, and capsule.

INTERPRETED BY *Reproductive System*

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N/A.

Adrenal Glands

IMAGING PERFORMED BY Normal position, echogenic appearance, shape, and size. Left 0.39 cm, right 0.36 cm.

Sonya Myers, DVM

Spleen

HOSPITAL NAME Normal size (1 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

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Liver

REFERRING VET Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Two focal hyperechogenic parenchymal cystic nodules in the left (1.3 x 1.9 cm) and right (0.8 x 1.4 cm) lobes. No masses evident.

Dr Williams

INVOICE *Gall bladder*

304125 Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.2 cm).

DATE

4/15/23



PATIENT *Gastrointestinal*

Dobie Hessler Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.34 cm, colon 0.11 cm) and no distension of the lumen. Focal thickening of the duodenum (0.44 cm) with loss of layering, gas migration within the wall, hyperechogenic appearance of the surrounding mesentery, and small amount of fluid accumulation around it.

SPECIES

Feline

BREED

DSH

SEX

MN

Age

11 years

Pancreas

Normal size (left 0.7 cm, right 0.9 cm) with a hyperechogenic appearance and irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Mesenteric lymphadenomegaly (3 cm) with normal shape and echogenic appearance. No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Focal duodenal thickening.
- Enteropathy.
- Hepatic nodules.
- Lymphadenomegaly.
- Pancreatic fibrosis vs chronic pancreatitis.

Secondary Findings:

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

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the duodenal thickening would be neoplasia (lymphoma, carcinoma), granulomatous reaction, and severe inflammatory bowel disease. With the gas in the wall, hyperechogenic appearance of the surrounding mesentery, and fluid accumulation perforation needs to be considered.

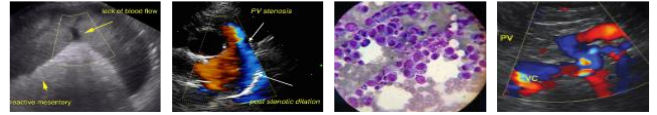
Etiologies for the enteropathy would be inflammatory bowel disease, granulomatous enteritis, parasitic enteritis, dietary hypersensitivity, and lymphoma.

The most likely etiology for the hepatic nodules would be cystadenomas.

Etiologies for the lymph nodes would be reactive, lymphadenitis, and infiltrative neoplasia

Further assessment would be fecal analysis and 3-view thoracic radiographs. Laparotomy needs to be considered which could be both diagnostic and therapeutic, as well as allowing for full thickness biopsies of the small intestine, hepatic nodules, and lymph node.

Specific therapy would be a dependent on an etiological diagnosis.



PATIENT

Dobie Hessler

SPECIES

Feline

BREED

DSH

SEX

MN

Age

11 years

WEIGHT

IMAGES

Duodenum



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PATIENT Small intestine

Dobie Hessler

SPECIES

Feline

BREED

DSH

SEX

MN

Age

11 years

WEIGHT



Pancreas

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PATIENT Liver

Dobie Hessler

SPECIES

Feline

BREED

DSH

SEX

MN

Age

11 years

WEIGHT



INTERPRETED BY

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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.

IMAGING PERFORMED BY

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