



**PATIENT PRESENTING CLINICAL SIGNS**

Miles Rittenour History: Acute onset abnormal breathing, lethargy, nausea. Previous chronic history of triaditis. Currently been treated for pancreatitis.

**SPECIES**

Physical Examination: N/A.

Feline

Urinalysis: N/A.

**BREED**

CBC: N/A.

DSH

Serum Biochemistry: N/A.

**SEX**

Radiographic Findings: N/A.

MN

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE**

**Urinary System**

16 years

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

**WEIGHT**

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

6 kg

Normal iliac lymph nodules. Ureters not visualized.

**INTERPRETED BY**

Normal renal size with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

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**Reproductive System**

N/A.

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**Adrenal Glands**

Dr Massa

Normal shape, echogenic appearance, and position, and size.

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**Spleen**

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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.

**REFERRING VET**

**Liver**

**INVOICE**

Normal size with a diffuse mottled echogenic-to-nodular appearance, and some loss of portal markings. Nodules are ill-defined, parenchymal and hypoechogenic. No masses evident. Small gall bladder normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

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**Gastrointestinal**

4/18/22

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen.



**PATIENT** *Pancreas*

Miles Rittenour Enlarged and irregular with a mottled echogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas. Regional lymphadenomegaly.

**SPECIES**

Feline *Free Abdomen*

**BREED**

No mesenteric lymphadenomegaly.  
No ascites.

**DSH**

Focal area of hyperechogenic appearance of the cranial mesentery.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

**MN**

Primary Findings:

**AGE**

- Pancreatitis.
- Nodular hepatopathy.
- Focal peritonitis/mass
- Age-related renal changes/early chronic kidney disease.

16 years

**WEIGHT**

Secondary Findings:

6 kg

- None.

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the pancreas is consistent with chronic-active pancreatitis with neoplasia a differential diagnosis.

**IMAGING PERFORMED BY**

Etiologies for the hepatopathy would be age-related, reactive, metabolic, cholangio-hepatitis, and infiltrative neoplasia.

Dr Massa

**HOSPITAL NAME**

Although the appearance of the cranial mesentery is most likely associated with the pancreatitis, emerging granuloma and neoplasia needs to be considered.

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Further assessment would be liver enzyme activity, renal function assay (urinalysis, urea, creatinine, SDMA), fPL/PSL assay, 3-view thoracic radiographs, and FNA cytology of the liver, pancreas, and cranial mesentery.

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Specific therapy would be dependent on an etiological diagnosis.

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**PATIENT IMAGES**

Miles Rittenour **Liver**

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

16 years

**WEIGHT**

6 kg

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**IMAGING PERFORMED BY**

Dr Massa

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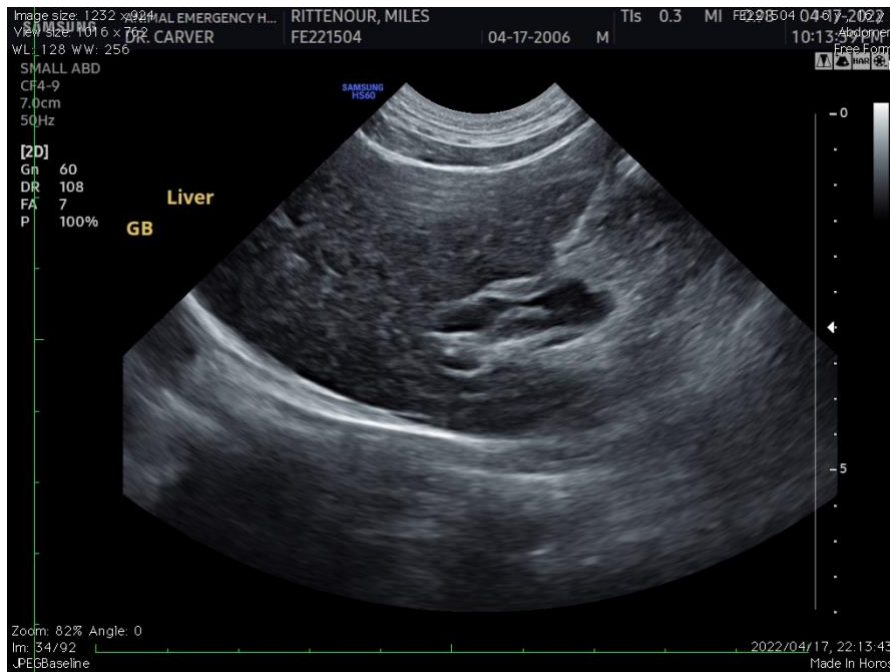
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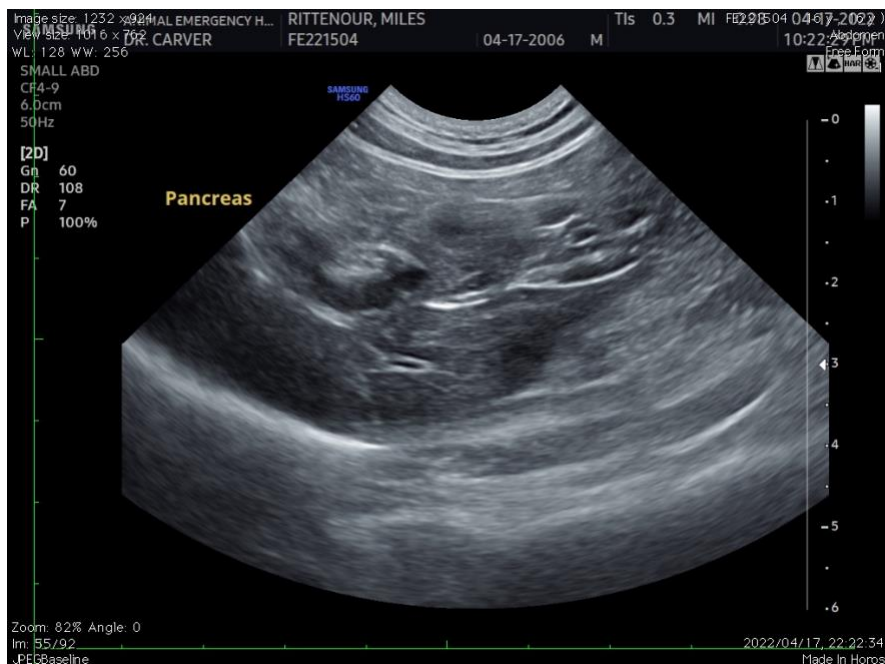
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**Pancreas**





**PATIENT**

**Cranial abdomen**

Miles Rittenour

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

16 years

**WEIGHT**

6 kg

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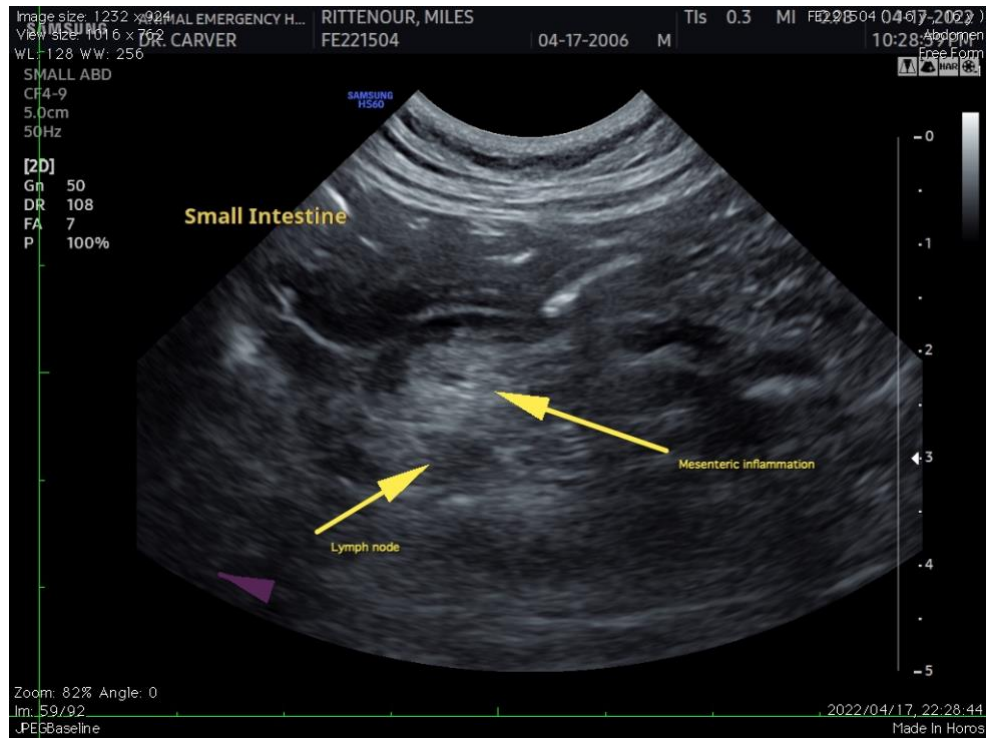
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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