

**PATIENT**

Meow Reka

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

7 years

**WEIGHT**

7.5 #

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum

**HOSPITAL NAME**

Maple Hills Veterinary  
Hospital

**REFERRING VET**

Dr Banzhof

**INVOICE**

30286

**DATE**

4/1/22

**PRESENTING CLINICAL SIGNS**

History: Weight loss, hyporexia, strong urine smell.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: Cranial abdominal mass.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

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

Normal iliac lymph nodules. Ureters not visualized.

Bilaterally enlarged, nodular, and irregular kidneys (left 4.4 cm, right 6 cm) with a mottled echogenic appearance, loss of cortico-medullary differentiation, irregular capsule, and poor blood flow.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position.

**Spleen**

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

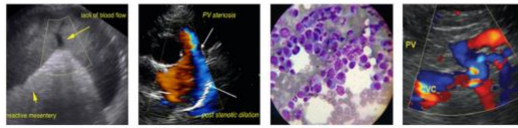
**Liver**

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

**Gastrointestinal**

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.

**Pancreas**



**PATIENT**

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Meow Reka

**Free Abdomen**

**SPECIES**

No mesenteric lymphadenomegaly.

Feline

No ascites.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

DSH

Primary Findings:

**SEX**

- Nodular renomegaly.
- Splenic pathology.

FS

Secondary Findings:

**AGE**

- Urinary bladder sediment.

7 years

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

7.5 #

Etiologies for the renomegaly would be neoplasia (lymphoma, carcinoma) with granulomatous disease a differential diagnosis.

**INTERPRETED BY**

Etiologies for the spleen would be reactive, hyperplasia, splenitis, and infiltrative neoplasia.

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

Etiologies for the urinary bladder sediment would be blood, crystalluria, bacterial cystitis, and sterile cystitis.

**IMAGING PERFORMED BY**

Further assessment would be urinalysis, urine culture, renal function assay, 3-view thoracic radiographs, and FNA cytology of the kidneys and spleen. Tru-Cut/wedge biopsy of the kidney may. However, be required for a final etiological diagnosis.

Rebekah Jakum

Specific therapy would be dependent on an etiological diagnosis.

**HOSPITAL NAME**

Maple Hills Veterinary  
Hospital

**REFERRING VET**

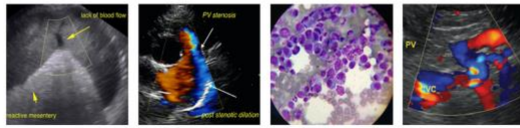
Dr Banzhof

**INVOICE**

30286

**DATE**

4/1/22



**PATIENT**

Meow Reka

**IMAGES**

**Left kidney**

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

7 years

**WEIGHT**

7.5 #



**INTERPRETED BY**

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

**Right kidney**

**IMAGING PERFORMED BY**

Rebekah Jakum

**HOSPITAL NAME**

Maple Hills Veterinary  
Hospital

**REFERRING VET**

Dr Banzhof

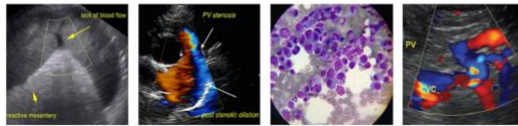
**INVOICE**

30286

**DATE**

4/1/22





**PATIENT**

**Spleen**

Meow Reka

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

7 years

**WEIGHT**

7.5 #



**INTERPRETED BY**

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

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**

Rebekah Jakum

**Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)**  
[rlobetti@mweb.co.za](mailto:rlobetti@mweb.co.za)

**HOSPITAL NAME**

Maple Hills Veterinary  
Hospital

**REFERRING VET**

Dr Banzhof

**INVOICE**

30286

**DATE**

4/1/22