



PATIENT PRESENTING CLINICAL SIGNS

Yoda Hoffert History: Hematuria, chronic vomiting.

SPECIES Physical Examination: N/A.

Feline Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

DLH Radiographic Findings: Mass effect at pyloric region.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN **Urinary System**

Age Empty urinary bladder with a thickened and irregular appearance of the wall. Small volume of normal anechoic urine with no sediment or uroliths evident.

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

WEIGHT Normal iliac lymph nodes. Ureters not visualized.

15 # Normal renal size (left 3.7 cm, right 3.9 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

INTERPRETED BY **Reproductive System**

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

Adrenal Glands

IMAGING PERFORMED BY Sonya Myers, DVM
Normal position, echogenic appearance, shape, and size. Left 0.35 cm, right 0.32 cm.

Spleen

HOSPITAL NAME Oviedo Veterinary Care and Emergency
Normal size (0.9 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

REFERRING VET **Liver**

Dr Adams Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident.

INVOICE **Gall bladder**

304089 Full containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.2 cm).

DATE

4/7/23


PATIENT *Gastrointestinal*

Yoda Hoffert
SPECIES
 Feline
BREED
 DLH
SEX
 MN
Age
 7 years

Normal appearance of the duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (duodenum 0.35 cm, jejunum 0.18 cm) and peristaltic activity, and no distension of the lumen. Severe thickening of the pylorus (0.9 cm) with loss of layering. Normal thickness (0.24 cm) and appearance of the rest of the stomach. Hyperechogenic appearance of the mesentery surrounding the stomach. Segmental thickening of the colon (0.33 cm) with no loss of layering.

Pancreas

Normal size (left 0.9 cm, right 0.3 cm) with hyperechogenic appearance and irregular regular capsule of the right lobe. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Mesenteric (0.6 x 2 cm) and peri-gastric lymphadenomegaly (0.7 x 1.3 cm) with rounded shape and hypoechogenic appearance.
 No ascites evident.

WEIGHT

15 #

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Pyloric thickening.
- Mesenteric and gastric lymphadenomegaly.
- Thickening of the colon.
- Pancreatic fibrosis vs chronic pancreatitis.
- Cystitis.

INTERPRETED BY

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

Secondary Findings:

- Gall bladder sediment.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

 Oviedo Veterinary Care and
 Emergency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the stomach would be neoplasia, granulomatous disease, *Helicobacter* gastritis, and ulcerative disease.

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

Etiologies for the colon would be colitis, granulomatous disease, helminths, inflammatory bowel disease, and emerging neoplasia.

REFERRING VET

Dr Adams

INVOICE

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Although the appearance of the urinary bladder may merely be as it is void of urine, cystitis (bacterial, sterile) and neoplasia needs to be considered.

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Further assessment would be urinalysis, urine culture, fPL/PSL assay, 3-view thoracic radiographs, FNA cytology of the gastric wall and lymph nodes, and gastroscopy.

Specific therapy would be dependent on an etiological diagnosis.



PATIENT

Yoda Hoffert

IMAGES

Stomach

SPECIES

Feline

BREED

DLH

SEX

MN

Age

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WEIGHT

15 #

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Remo Lobetti, BVSc,
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IMAGING PERFORMED BY

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REFERRING VET

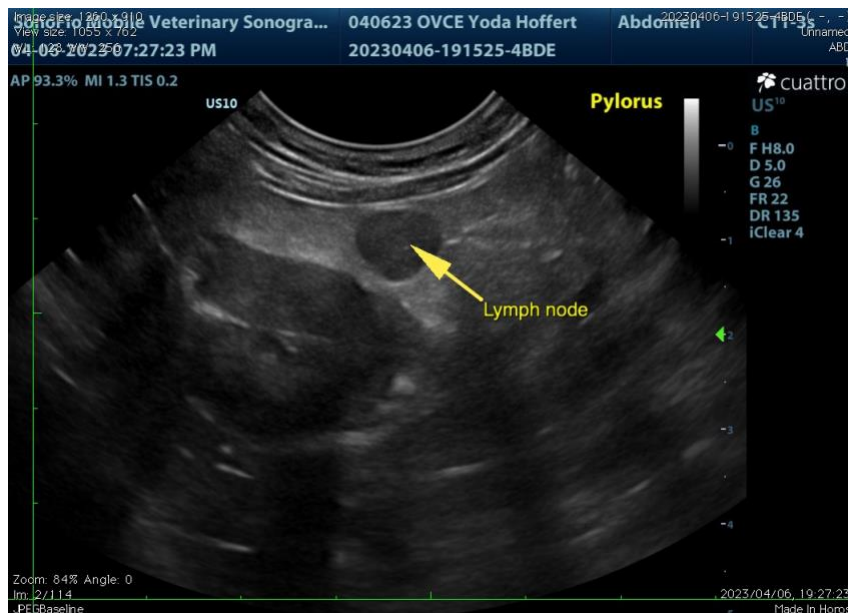
Dr Adams

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PATIENT Colon

Yoda Hoffert

SPECIES

Feline

BREED

DLH

SEX

MN

Age

7 years

WEIGHT

15 #



Pancreas

INTERPRETED BY

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

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Sonya Myers, DVM

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PATIENT Urinary bladder

Yoda Hoffert

SPECIES

Feline

BREED

DLH

SEX

MN

Age

7 years

WEIGHT

15 #



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

Sonya Myers, DVM

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
rlobetti@mweb.co.za

HOSPITAL NAME

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