**PATIENT**

Kirby Hanson

**SPECIES**

Feline

**BREED**

DLH

**SEX**

MN

**AGE**

13 years

**WEIGHT**

7 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

**INVOICE**

302980

**DATE**

5/20/22

**PRESENTING CLINICAL SIGNS**

History: Previous ultrasound showed an intestinal mass, regional lymphadenomegaly, and hepatopathy. Currently on CCNU chemotherapy and appears to be coping well.

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. Moderate amount of floating hyperechogenic sediment. No uroliths evident.

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.8 cm, right 4.5 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis, and capsule.

**Reproductive System**

N/A.

**Adrenal Glands**

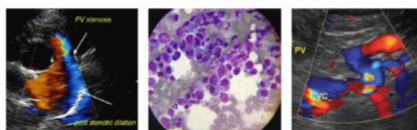
Normal shape, appearance, position, and size. Left 0.47 cm, right 0.49 cm.

**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-to-nodular appearance, and some loss of portal markings. Nodules are small, parenchymal, hyperechogenic, and with some shadowing. No masses evident. Small gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.4 cm).

**PATIENT*****Gastrointestinal***

Kirby Hanson

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.34 cm, jejunum 0.4 cm) and peristaltic activity, and no distension of the lumen.

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***Pancreas***

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

**BREED**

DLH

***Free Abdomen*****SEX**

Focal mesenteric lymphadenomegaly (2.8 x 5 cm) with loss of normal shape, hyperechogenic appearance, and a hyperechoic line through the central portion of the node.

**MN**

Visible ileo-cecal lymph node (0.5 cm) with normal shape and echogenic appearance.

**AGE**

Hyperechogenic and nodular appearance of the mesentery.

13 years

Small amount of ascites.

**ULTRASONOGRAPHIC FINDINGS****WEIGHT**

7 kg

**Primary Findings:**

- Mesenteric lymphadenomegaly.
- Nodular hepatopathy.
- Nodular mesenteric inflammation.
- Ascites.

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**Secondary Findings:**

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

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the mesenteric lymph node, liver, and the mesentery would be consistent with neoplasia, with granulomatous disease still a differential diagnosis.

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Additional etiologies for the nodular hepatopathy would be reactive, cholangio-hepatitis complex, granulomas, and calcification. The hepatic nodules evident on this ultrasound were not evident on the previous ultrasound.

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The small intestinal mass that was evident on the previous ultrasound was not evident on his ultrasound; however, there is now evidence of mesenteric involvement and secondary ascites

**DATE**

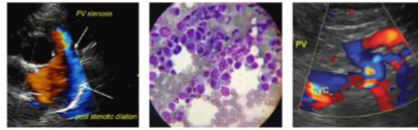
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As the most likely diagnosis is metastatic neoplasia further assessment is not indicated, although urinalysis and urine culture should be considered as there was no sediment evident on the previous ultrasound.

Specific therapy would be to continue with the current chemotherapy.

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**IMAGES**

Liver 4/1

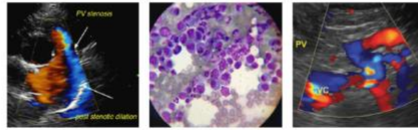


Liver 5/20



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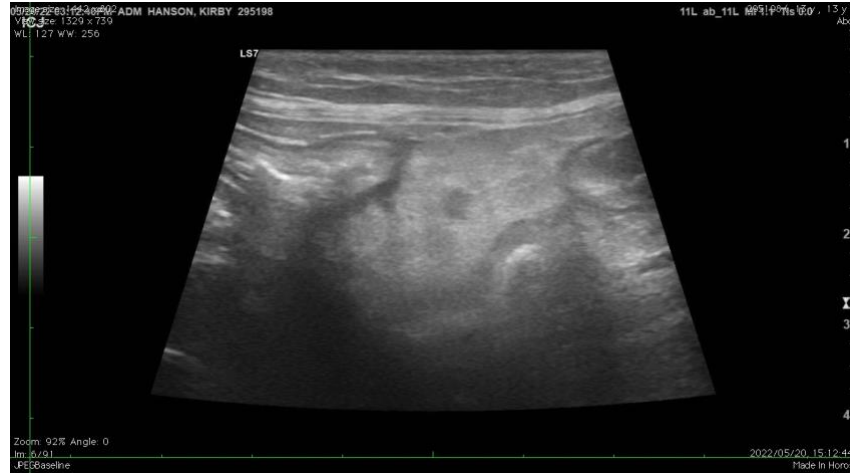
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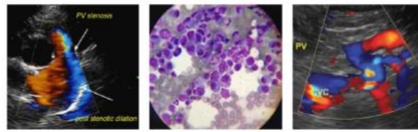
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**Mesentery**



**Urinary bladder**





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**Mesenteric lymph node 4/1**



**Mesenteric lymph node 5/20**



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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)**

[rlobetti@mweb.co.za](mailto:rlobetti@mweb.co.za)

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