



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Beannie Hernandez **History:** Referred for abdominal ultrasound for abdominal mass. Hyporexia, intermittent vomiting, and weight loss

SPECIES Feline **Physical Examination:** Cranial abdominal mass.

BREED DSH **Urinalysis:** N/A.

SEX FS **CBC:** N/A.
Serum Biochemistry: N/A.

AGE 16 years **Radiographic Findings:** Abdominal mass.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT 8.8 # **Full urinary bladder** with a normal thickness (0.1 cm) and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

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

Normal iliac lymph nodes (left 0.2 cm, right 0.3 cm). Ureters not visualized.

INTERPRETED BY Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM **Normal renal size** (both 3.1 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, bilateral pyelectasia (left 0.3 cm, right 0.2 cm), and irregular capsule.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.29 cm.

Spleen

Normal size (0.9 cm) and echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, and portal markings. Mottled echogenic appearance of the left lobe with an irregular hyperechogenic mass (1.8 x 2.7 cm). Full gall bladder containing small amount of non-adherent hyperechogenic sediment. Normal thickness (0.2 cm) and echogenic appearance of the gall bladder wall. Dilated and tortuous bile duct.

IMAGING PERFORMED BY

Dr Gabriel Ferrer, DVM

HOSPITAL NAME

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REFERRING VET

Dr Luis Benitez

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PATIENT

Gastrointestinal

Beannie Hernandez

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.26 cm, jejunum 0.26 cm, colon 0.14 cm) and peristaltic activity and no distension of the lumen. Large irregular gastric wall mass (1.4 x 1.8 cm) with a hypoechoogenic appearance. FNA taken with no obvious post aspirate hemorrhage.

SPECIES

Feline

Pancreas

BREED

DSH

Normal size (right 0.9 cm, left 1.1 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

FS

No mesenteric lymphadenomegaly.
Small amount of ascites.

AGE

16 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

8.8 #

Primary Findings:

- Renal disease.
- Gastric mass.
- Hepatic mass.
- Ascites.

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Secondary Findings:

- Gall bladder sediment.
- Dilated bile duct.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the kidneys would be chronic kidney disease, bacterial nephritis, pyelonephritis, and acute kidney injury.

The most likely etiology for the gastric wall mass would be neoplasia (lymphoma, sarcoma, carcinoma) with granulomatous disease a differential diagnosis.

Etiologies for the left liver lobe would be neoplasia, granuloma, and focal hepatitis.

The most likely etiology for the ascites would be secondary to the gastric and hepatic changes.

The dilated bile duct is most likely an age-related change as there is no obvious obstruction.

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Further assessment needs to be based on the results of the FNA cytology but could include urinalysis, urine culture, serum biochemistry, 3-view thoracic radiographs, FNA cytology of the left liver lobe and mass, and possibly gastroscopy with biopsies.

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Specific therapy needs to be based on an etiological diagnosis and presence of possible co-morbidities. Surgical resection of the gastric mass does not appear to be feasible.



PATIENT

Beannie Hernandez

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16 years

WEIGHT

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IMAGES

Gall bladder



Bile duct





PATIENT Liver

Beannie Hernandez

SPECIES

Feline

BREED

DSH

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AGE

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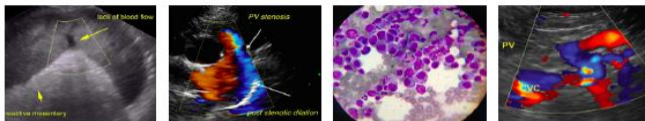
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PATIENT Stomach

Beannie Hernandez

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16 years

WEIGHT

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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.

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