



**PATIENT PRESENTING CLINICAL SIGNS**

Tesla Miller History: Vomiting.  
Physical Examination: N/A.  
**SPECIES** Urinalysis: N/A.  
Feline CBC: N/A.  
**BREED** Serum Biochemistry: N/A.  
DSH Radiographic Findings: N/A.

**SEX**

FS

**AGE**

7 years

**WEIGHT**

9 #

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care  
and Emergency

**REFERRING VET**

Dr Ariel Smith

**INVOICE**

302998

**DATE**

6/3/22

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

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

Normal iliac lymph nodes Ureters not visualized.

Normal size of left kidney (3.8 cm) and right renomegaly (4.6 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule. Normal right pelvis, left pyelectasia (0.4 cm). Faint mineralization within the left kidney.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Left 0.4 cm, right 0.33 cm.

**Spleen**

Normal size (0,6 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, portal markings. No nodules or masses evident. Full gall bladder containing small amount of non-adherent hyperechogenic sediment. Normal bile duct (0.2 cm).

**Gastrointestinal**

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.25 cm, jejunum 0.2 cm, colon 0.2 cm) and peristaltic activity and no distension of the lumen. Large irregular mottled echogenic vascularized gastric wall mass (2.5 x 3.7 cm) in the region of the cardia and fundus.



**PATIENT** *Pancreas*

Tesla Miller Enlarged (right 1.1 cm) with a diffuse hypoechoic appearance and irregular capsule. Visible pancreatic duct. Hyperechoic appearance of the mesentery and fat surrounding the pancreas with pockets of fluid accumulation.

**SPECIES**

Feline *Free Abdomen*

**BREED**

DSH

Peri-gastric (0.5 x 0.8 cm) and mesenteric lymphadenomegaly (0.7 x 2 cm) with normal shape and hypoechoic appearance.

No ascites.

**SEX**

FS

Primary Findings:

**AGE**

7 years

- Gastric mass.
- Pancreatitis.
- Lymphadenomegaly.
- Renal disease

**WEIGHT**

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Secondary Findings:

- Gall bladder sediment.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

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The appearance of the pancreas is typical for acute pancreatitis with regional secondary peritonitis.

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Although lymphadenomegaly can be ascribed to the pancreatitis; differential diagnoses would be lymphadenitis and infiltrative neoplasia.

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Etiologies for the kidneys would be chronic kidney disease, bacterial nephritis, pyelonephritis, and acute kidney injury. With the right renomegaly, emerging lymphoma would need to be considered.

Further assessment would be urinalysis, serum biochemistry, 3-view thoracic radiographs, FNA cytology of the gastric mass, lymph nodes, and right kidney, and possibly gastroscopy with biopsies.

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

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**PATIENT**

Tesla Miller

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

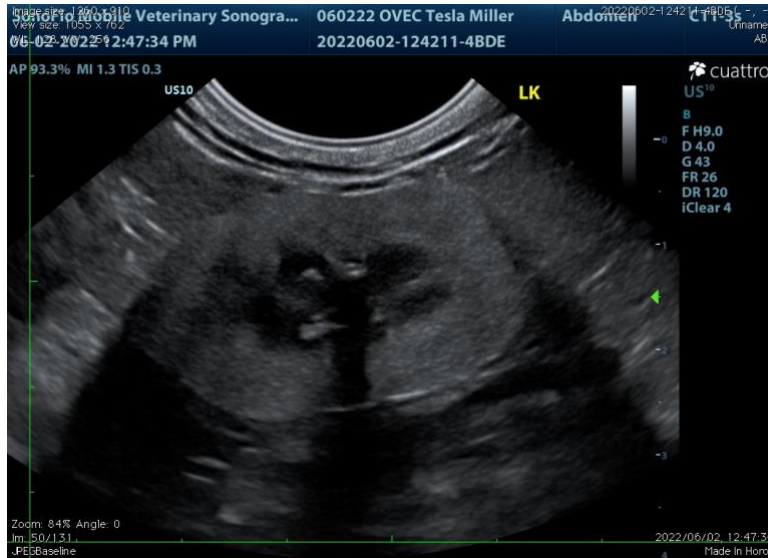
7 years

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**IMAGES**

**Left kidney**



**Stomach**



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**PATIENT** Pancreas

Tesla Miller

**SPECIES**

Feline

**BREED**

DSH

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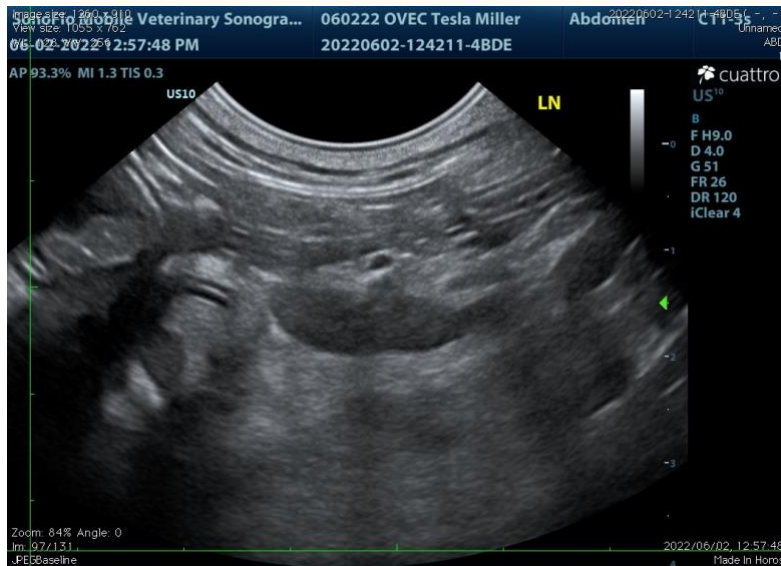
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**Lymph node**



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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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