



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Marbles Ripin History: Weight loss, vomiting, hyporexia.

SPECIES Feline Physical Examination: N/A.

Urinalysis: N/A.

BREED DSH CBC: Anemia, neutrophilia, thrombocytosis.

Serum Biochemistry: Elevated urea and cholesterol, mild hypocalcemia, marginally elevated T4.

DSH Radiographic Findings: N/A.

SEX

MN

AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE 20years *Urinary System*
Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident. Small hyperechogenic nodule (0.3 cm) on the dorsal wall.

WEIGHT 5 # Normal trigone area, proximal urethra (0.2 cm), and iliac blood vessels.

Normal iliac lymph nodes. Dilated proximal right ureter, left ureter not visualized.

INTERPRETED BY Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM
Normal renal size (both 4 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, cortico-medullary rim sign, and normal capsule and blood flow. Bilateral pyelectasia (left worse than right) and bilateral faint mineralization.

Reproductive System

N/A.

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Adrenal Glands

Normal shape, echogenic appearance, and position but enlarged. Left 0.94 x 0.42, right 1.09 x 0.59 cm.

Denise Bruno LVT, RDMS

HOSPITAL NAME

Spleen

Mobile Vet Unit

REFERRING VET Dr Cortes
Normal size and echogenic appearance. Smooth homogenous parenchyma, scalloped appearance of the capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

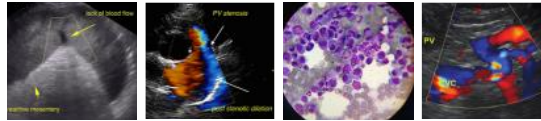
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Liver

303057 Normal size with a diffuse mottled echogenic and nodular appearance and some loss portal markings. Nodules are hypoechogenic, parenchymal and up to 0.5 cm in size. No masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

DATE

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PATIENT *Gastrointestinal*

Marbles Ripin
SPECIES Feline
Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristalsis, and no distension of the lumen. Normal thickness of the small intestine (0.2-0.26 cm) with a prominent hypoechogenic appearance of the submucosal layer with focal areas showing loss of layering and no distension of the lumen. Fluid-filled stomach, fecal material within the colon.

BREED *Pancreas*

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

SEX *Free Abdomen*

MN
No mesenteric lymphadenomegaly.
AGE Small amount of acellular ascites.

20years **ULTRASONOGRAPHIC FINDINGS**

WEIGHT Primary findings:
5 #

- Renal disease.
- Nodular hepatopathy
- Enteropathy.
- Bilateral adrenomegaly.

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MMedVet (Med), PhD,
Dipl. ECVIM

Secondary findings:

- Urinary bladder nodule.
- Ascites.

IMAGING PERFORMED BY

Denise Bruno LVT, RDMS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

The appearance of the kidneys is consistent with chronic kidney disease, with bacterial nephritis and pyelonephritis, differential diagnoses.

REFERRING VET

Dr Cortes

Etiologies for the nodular hepatopathy would be reactive, hyperplasia, granulomas, nodular regeneration, cholangio-hepatitis complex, and neoplasia.

Etiologies for the enteropathy would be inflammatory bowel disease, dietary hypersensitivity, parasitic enteritis, granulomatous disease, and emerging lymphoma.

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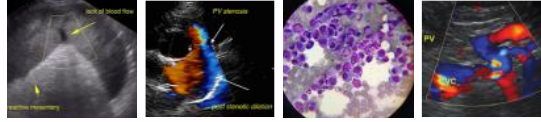
The most likely etiologies for the adrenomegaly would be age-related and disease stress, with Cushing's disease, a differential diagnosis.

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Taking the patient's age in to account, further assessment that could be considered would be urine and fecal analyses, urine culture, serum cobalamin assay, FNA cytology of the liver, ACTH stimulation test, and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be renal diet, antiemetics, course of fenbendazole and/or metronidazole, cobalamin supplementation, and possibly prednisolone.



PATIENT IMAGES

Marbles Ripin **Left kidney**

SPECIES

Feline

BREED

DSH

SEX

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AGE

20years

WEIGHT

5 #

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HOSPITAL NAME

Mobile Vet Unit

REFERRING VET

Dr Cortes

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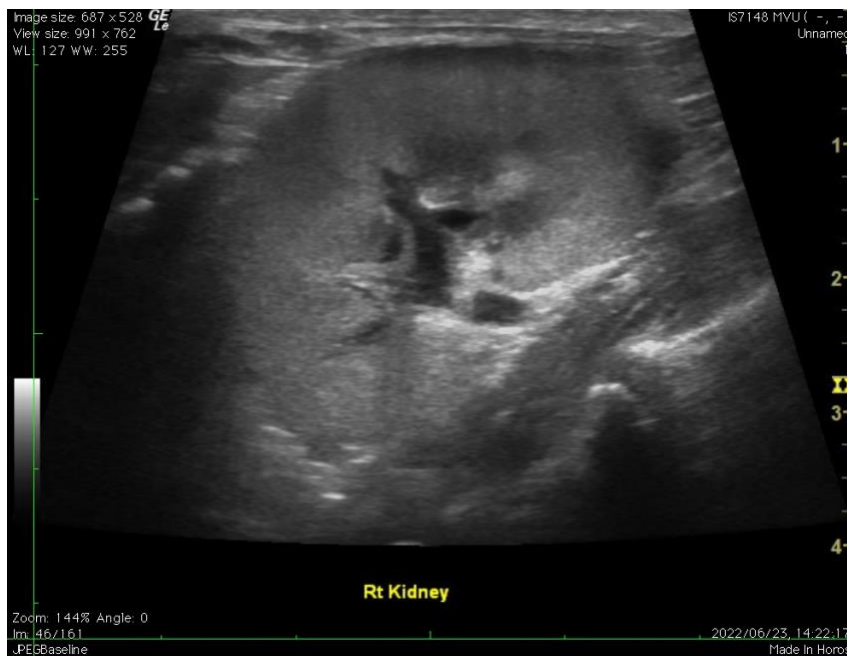
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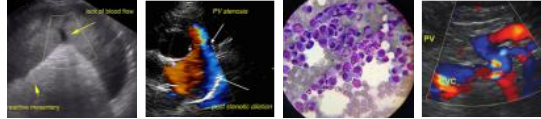
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Right kidney





PATIENT Liver

Marbles Ripin

SPECIES

Feline

BREED

DSH

SEX

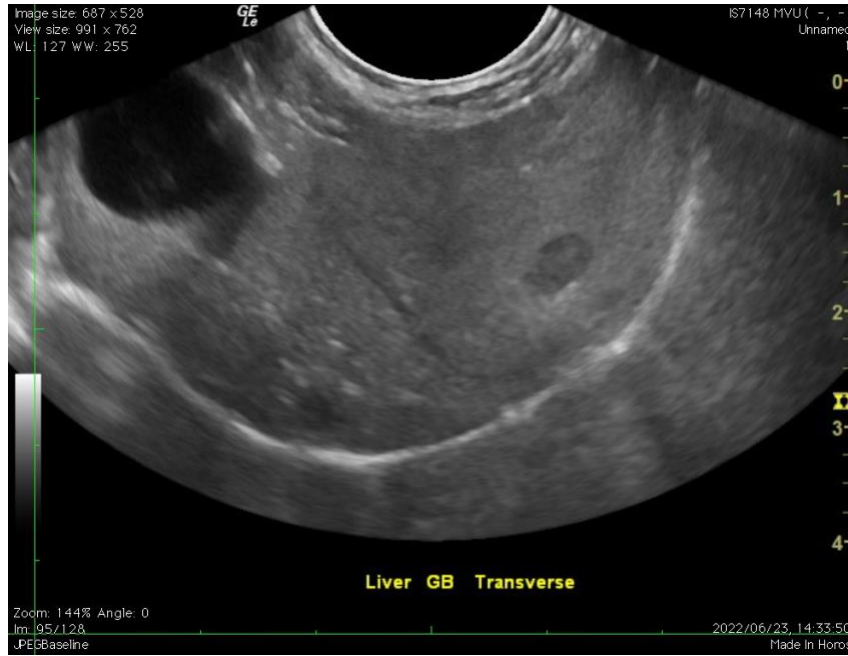
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AGE

20years

WEIGHT

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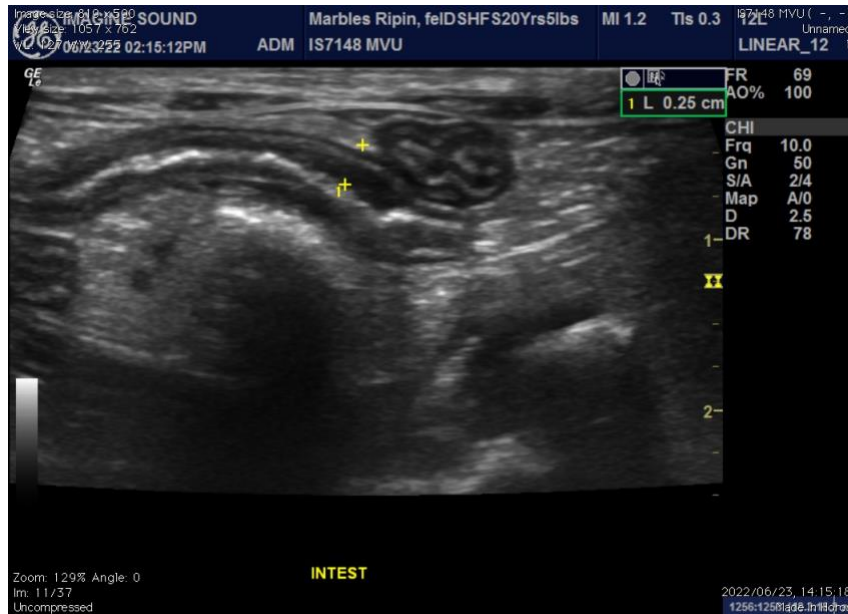
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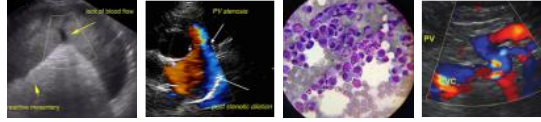
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Small intestine





PATIENT

Urinary bladder

Marbles Ripin

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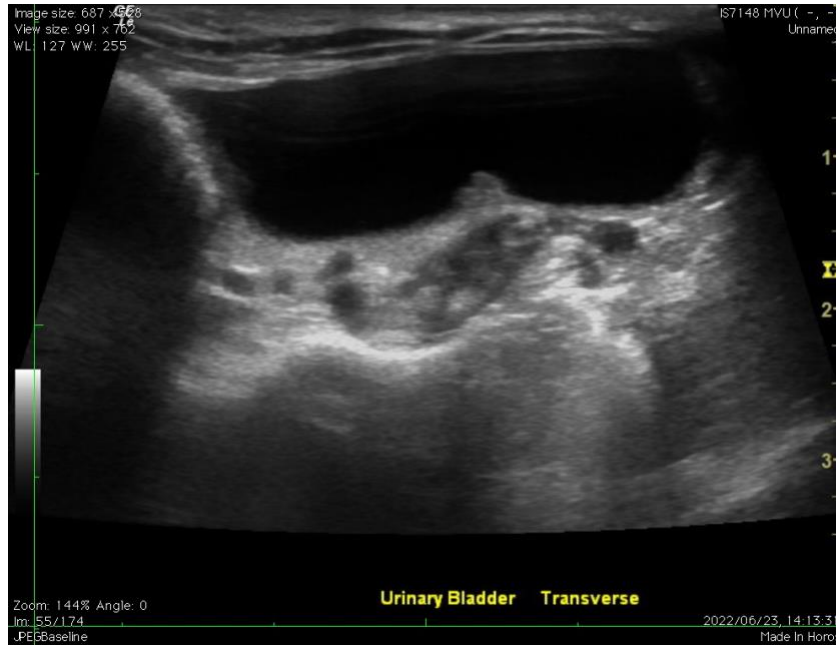
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AGE

20years

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.

IMAGING PERFORMED BY

Denise Bruno LVT, RDMS

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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Mobile Vet Unit

REFERRING VET

Dr Cortes

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