



PATIENT PRESENTING CLINICAL SIGNS

Jax Klein History: Lethargy, vomiting, weight loss.

SPECIES Physical Examination: N/A.

Feline Urinalysis: N/A.

Fecal Analysis: Negative

BREED CBC: Neutrophilia, monocytosis.

Maine Coon Serum Biochemistry: Hypoproteinemia, low cholesterol, FeLV/FIV negative. Normal T4.

SEX Radiographic Findings: Spondylosis L7-S1, soft tissue opacity in the cranial abdomen and cranial thorax.

Intact Male FNA Cytology: Equivocal finding.

AGE

14 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT 8.6 # Full urinary bladder with a normal thickness (0.1 cm) and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

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

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM Normal iliac lymph nodes (left 0.3 cm, right 0.5 cm). Ureters not visualized.

Normal renal size (left 3.8, right 4.5 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

IMAGING PERFORMED BY **Reproductive System**

N/A.

HOSPITAL NAME **Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Left 0.4, right 0.43 cm.

REFERRING VET **Spleen**

Dr Maria Martes Normal size (0.8 cm) and echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

INVOICE **Liver**

303017 Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness (0.1 cm) and echogenic appearance of the gall bladder wall. Normal bile duct.

DATE

6/7/22



PATIENT *Gastrointestinal*

Jax Klein

Normal appearance of the stomach, duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (stomach 0.16 cm, duodenum 0.31 cm, jejunum 0.17 cm) and peristaltic activity and no distension of the lumen. Irregular thickening of the colon (up to 0.4 cm) with a hyperechogenic appearance and some loss of layering. Fecal material within the colon.

SPECIES

Feline

Pancreas

BREED

Maine Coon

Normal size (right 0.6 cm, left 0.8 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

Intact Male

Free Abdomen

Enlarged mesenteric lymph nodes (up to 1.7 x 2.8 cm) with an irregular shape and hyperechogenic appearance. FNA taken with no obvious post aspirate hemorrhage.

AGE

14 years

No ascites.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

8.6 #

Primary Findings:

- Colitis.
- Mesenteric lymphadenomegaly.

INTERPRETED BY

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

Secondary Findings:

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Dr Gabriel Ferrer, DVM

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

HOSPITAL NAME

Paseos Veterinary Center

The most likely etiology for the mesenteric lymph nodes would be neoplasia with lymphadenitis and granulomatous disease, differential diagnoses.

REFERRING VET

Dr Maria Martes

Further assessment would be fecal analysis, rectal cytology using a cytobrush, colonoscopy, and possibly FNA cytology of the cranial thorax opacity. As the FNA cytology of the lymph nodes was inconclusive, Tru-Cut biopsy should be considered.

Specific therapy needs to be based on an etiological diagnosis.

INVOICE

303017

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PATIENT IMAGES

Jax Klein **Colon**

SPECIES

Feline

BREED

Maine Coon

SEX

Intact Male

AGE

14 years

WEIGHT

8.6 #



Mesenteric lymph node



INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Gabriel Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary Center

REFERRING VET

Dr Maria Martes

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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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