



**PATIENT PRESENTING CLINICAL SIGNS**

Coco Edelman History: Vomiting, diarrhea.

**SPECIES** Physical Examination: Thickened intestinal loops.

Feline Urinalysis: N/A.

**BREED** CBC: Monocytosis, thrombocytosis.

Siamese Serum Biochemistry: Elevated fPL, lipase, urea, SDMA, glucose. Low cobalamin.

Radiographic Findings: N/A.

**SEX**

MN

**AGE**

14 years

**WEIGHT**

9.5 #

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with a normal thickness and appearance of the wall. 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 renal size (left 3.3 cm, right 3.2 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and blood flow. Mild pyelectasia (right worse than left), bilateral faint mineralization and cortical infarcts.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position. Left 0.9 x 0.39/0.37 cm.

**Spleen**

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. Diffuse small hypoechogenic parenchymal nodules.

**Liver**

Normal size and echogenic appearance with prominent portal markings. Small irregular cystic nodule (1.1 cm) and focal hyperechogenic nodule in left lobe at the level of the diaphragm. Small gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

**Gastrointestinal**

Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristalsis, and no distension of the lumen. Segmental thickening of the duodenum and small intestine (up to 0.39 cm) with a prominent hypoechogenic appearance of the submucosal layer but no loss of layering or distension of the lumen.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Denise Bruno LVT, RDMS

**HOSPITAL NAME**

Veterinary House Calls

**REFERRING VET**

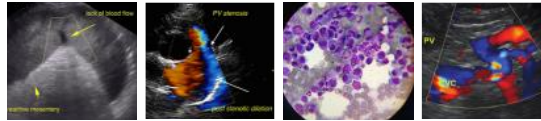
Dr Lowenstein

**INVOICE**

303022

**DATE**

6/10/22



**PATIENT** *Pancreas*

Coco Edelman Enlarged (1.7 cm) with a diffuse hypoechogenic and coarse appearance. Irregular capsule. Visible pancreatic duct (0.2 cm). Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES**

Feline *Free Abdomen*

**BREED**

No mesenteric lymphadenomegaly.  
No ascites.

Siamese

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Primary findings:

MN

**AGE**

- Renal disease.
- Hepatic nodules.
- Splenic nodules.
- Pancreatitis.
- Enteropathy.

14 years

**WEIGHT**

9.5 #

Secondary findings:

- Age-related hepatic changes.
- Previous episode of cholecystitis.
- Ascites.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Denise Bruno LVT, RDMS

**HOSPITAL NAME**

Veterinary House Calls

**REFERRING VET**

Dr Lowenstein

**INVOICE**

303022

**DATE**

6/10/22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

The cystic hepatic nodule is most likely an incidental cystadenoma, with etiologies for the hyperechogenic nodule being incidental finding, granuloma, and neoplasia.

Etiologies for the splenic nodules would be reactive, hyperplasia, granulomas, abscessation, and neoplasia.

The appearance of the pancreas is consistent with pancreatitis.

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

Further assessment would be urinalysis, urine culture, FNA cytology of the spleen, and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Initial symptomatic therapy of the pancreatitis would be fluid therapy as needed, low-fat intestinal diet, and analgesics as needed. Long-term symptomatic management of the renal disease and enteropathy would be renal diet, course of fenbendazole and/or metronidazole, cobalamin supplementation, and possibly prednisolone.



**PATIENT IMAGES**

Coco Edelman **Spleen**

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

MN

**AGE**

14 years

**WEIGHT**

9.5 #

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Denise Bruno LVT, RDMS

**HOSPITAL NAME**

Veterinary House Calls

**REFERRING VET**

Dr Lowenstein

**INVOICE**

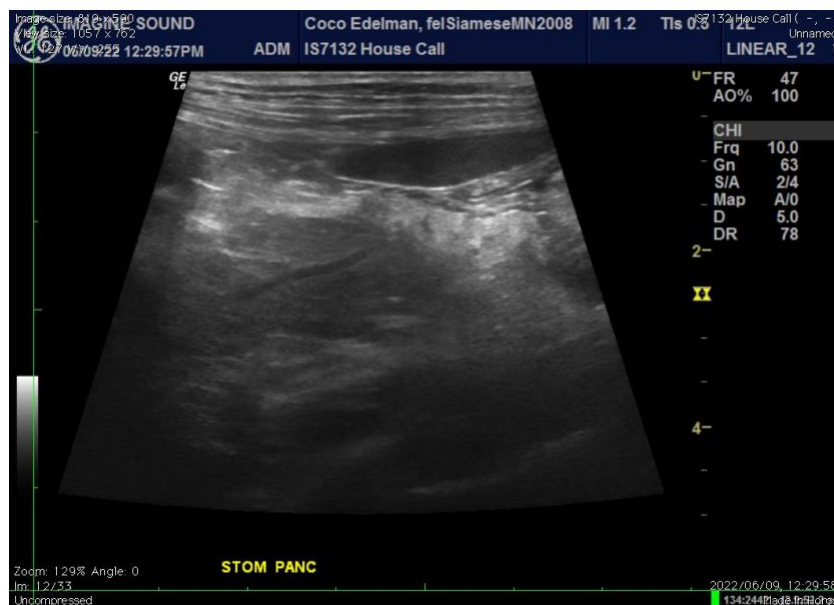
303022

**DATE**

6/10/22



**Pancreas**





**PATIENT**      **Liver**

Coco Edelman

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

MN

**AGE**

14 years

**WEIGHT**

9.5 #

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Denise Bruno LVT, RDMS

**HOSPITAL NAME**

Veterinary House Calls

**REFERRING VET**

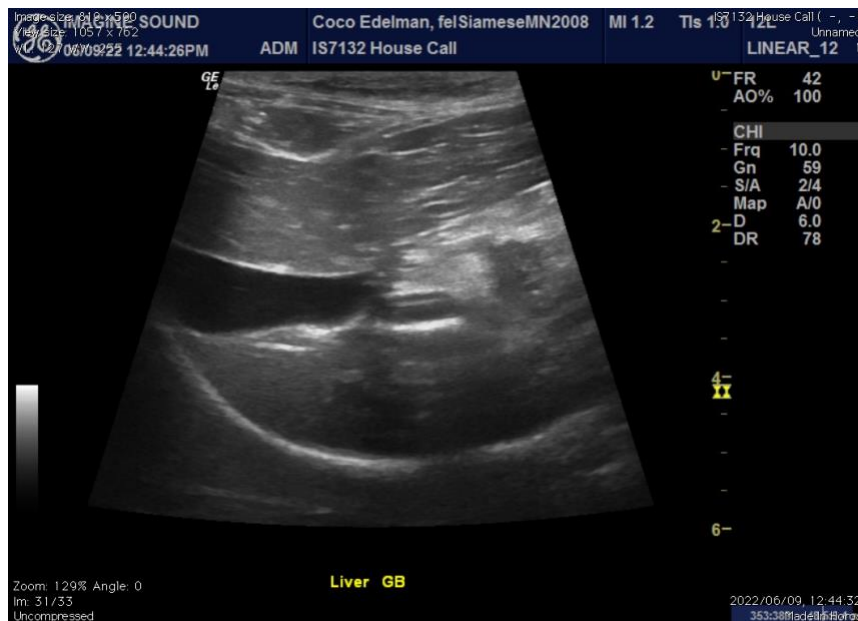
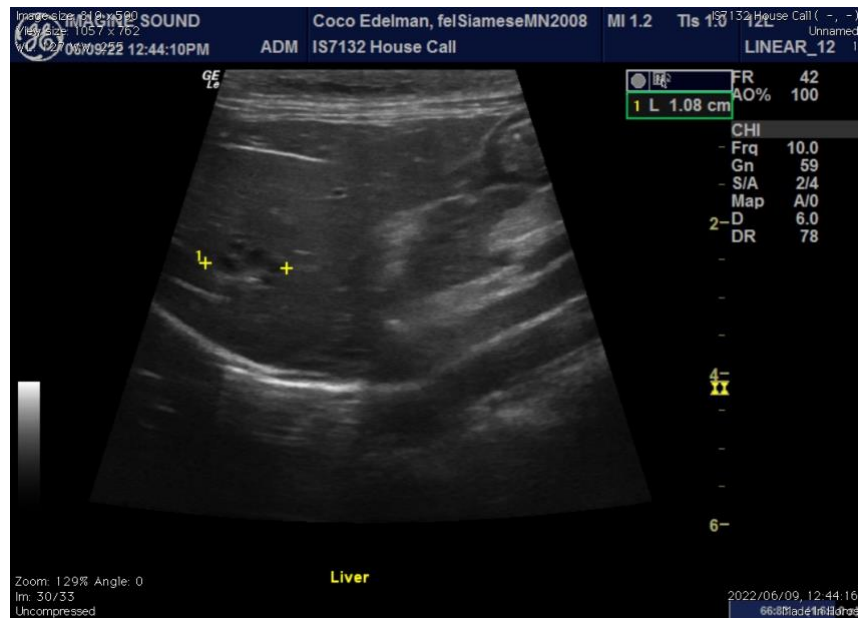
Dr Lowenstein

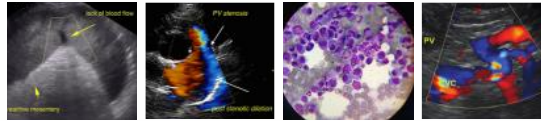
**INVOICE**

303022

**DATE**

6/10/22





**PATIENT**

**Small intestine**

Coco Edelman

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

MN

**AGE**

14 years

**WEIGHT**

9.5 #



**INTERPRETED BY**

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

**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.

**Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)**  
[rlobetti@mweb.co.za](mailto:rlobetti@mweb.co.za)

**HOSPITAL NAME**

Veterinary House Calls

**REFERRING VET**

Dr Lowenstein

**INVOICE**

303022

**DATE**

6/10/22