



**PATIENT PRESENTING CLINICAL SIGNS**

Gurney Carroll History: Presented for possible urinary obstruction. Left kidney polyp/mass on AFAST.

**SPECIES** Physical Examination: N/A

Feline Urinalysis: N/A.

CBC: N/A

**BREED** Serum Biochemistry: N/A.

Bengal Radiographic Findings: N/A.

**SEX**

Male

**AGE**

12 years

**WEIGHT**

8 #

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Left kidney – enlarged (4.6 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis, and capsule. Mild cortical mineralization. Mottled echogenic vascularized mass (2.4 x 3.3 cm) in the cranial aspect of the kidney with areas of mineralization and cavitations. Moderate amount of subcapsular fluid present. FNA aspirate taken with no obvious post aspirate hemorrhage.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

Right kidney – normal size (3.4 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**Reproductive System**

**HOSPITAL NAME**

N/A.

Oviedo Veterinary Care  
and Emergency

**Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Left 0.49 cm right 0.42 cm.

**REFERRING VET**

Dr Caja

**Spleen**

Normal size with an irregular appearance and areas of normal echogenicity but with bulging of the overlying capsule. FNA aspirate taken with no obvious post aspirate hemorrhage.

**INVOICE**

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**Liver**

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

**DATE**

6/9/22



**PATIENT** *Gastrointestinal*

Gurney Carroll Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.23 cm, jejunum 0.27 cm) and peristaltic activity and no distension of the lumen.

**SPECIES**

Feline *Pancreas*

**BREED**

Bengal Enlarged left lobe (0.8 cm) with a hypoechoogenic appearance and irregular capsule. Hyperechoogenic appearance of the mesentery and fat surrounding the pancreas.

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**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Left renal mass.
- Splenic pathology.
- Pancreatitis.
- Mesenteric lymphadenomegaly.

Secondary Findings:

- None.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the renal mass would be neoplasia, with granuloma, hematoma, and abscessation, differential diagnoses.

Etiologies for the splenic pathology would be hyperplasia, granulomatous disease, hematoma, abscess, and neoplasia.

The appearance of the pancreas is typical for pancreatitis.

The most likely etiology for the mesenteric lymph nodes would be reactive, with lymphadenitis and infiltrative neoplasia, less likely differential diagnoses

Further assessment needs to be based on the results of the FNA cytology but could include 3-view thoracic radiographs and fPL/PSL assay.

Specific therapy needs to be based on an etiological diagnosis. Symptomatic management of the pancreatitis would be low-fat intestinal diet and analgesics.

**IMAGING PERFORMED BY**

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**PATIENT**

Gurney Carroll

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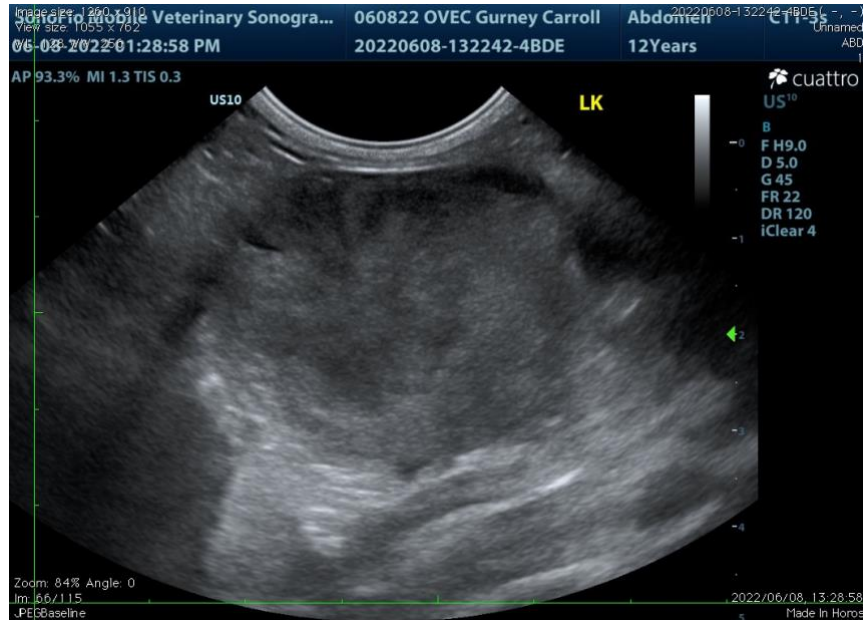
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**DATE**

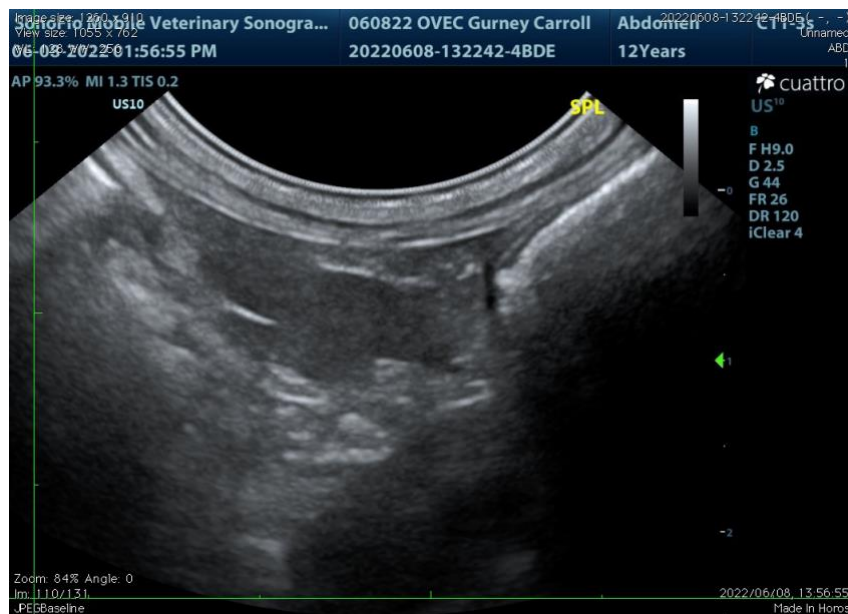
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**IMAGES**

**Left kidney**



**Spleen**





**PATIENT Pancreas**

Gurney Carroll

**SPECIES**

Feline

**BREED**

Bengal

**SEX**

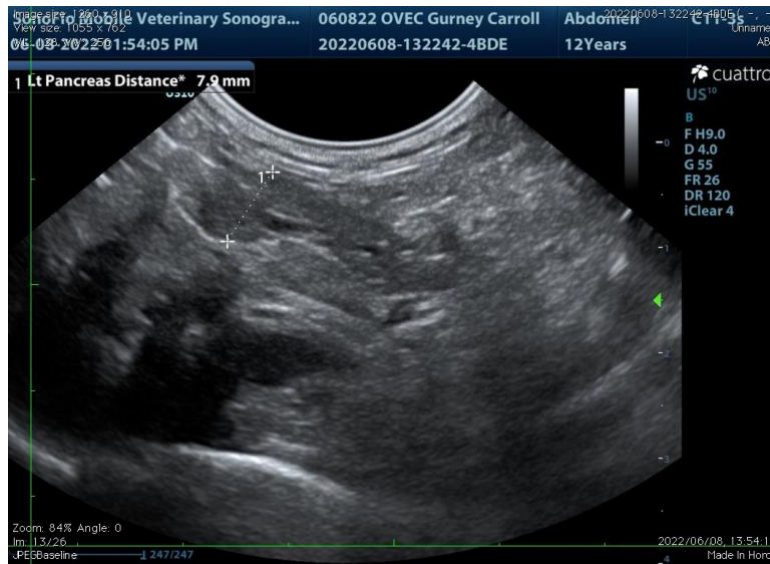
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**Mesenteric lymph node**



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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.

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