


PATIENT PRESENTING CLINICAL SIGNS

Pebbles Cagle
 History: Urinary issues.
 Physical Examination: N/A.
SPECIES
 Feline
 Urinalysis: N/A.
 CBC: N/A.
BREED
 DSH
 Serum Biochemistry: N/A.
 Radiographic Findings: Abnormal.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS
AGE
 14years
WEIGHT
 8 #
INTERPRETED BY
 Remo Lobetti, BVSc,
 MMedVet (Med), PhD,
 Dipl. ECVIM

Urinary System
 Small urinary bladder with a thickened (0.5 cm) and hyperechogenic appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.
 Normal trigone, proximal urethra (0.3 cm), and iliac blood vessels.
 Normal iliac lymph nodes. Ureters not visualized.
 Normal renal size (left 3.1 cm, right 3.3 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, irregular capsule and normal pelvis.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.35 cm, right 0.37 cm.

Spleen

Normal size (0.6 cm) and echogenic appearance. Smooth homogenous parenchyma, irregular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Enlarged with rounded edges, diffuse hypoechogenic appearance, and prominent portal markings. No nodules or masses evident. Intra-hepatobiliary mineralization. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

Gastrointestinal

Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and no distension of the lumen. Mild thickening of the duodenum (0.33 cm) and small intestine (0.34 cm) with no loss of layering or distension of the lumen. Focal hypoechogenic vascularized jejunal mass (3.4 x 5.6 cm) without any obvious obstruction. FNA taken.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

 Oviedo Veterinary Care
 and Emergency

REFERRING VET

Dr Chow

INVOICE

303129

DATE

7/15/22


PATIENT *Pancreas*

Pebbles Cagle Normal size (right 0.7 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Feline Mesenteric lymphadenomegaly (0.5 x 1.8 cm) with normal shape and echogenic appearance. Small amount of ascites.

BREED Hyperechogenic and nodular appearance of the mesentery.

DSH *Thorax*

SEX Small amount of pleural effusion.
No pericardial effusion.

FS Normal appearance of the heart.

AGE **ULTRASONOGRAPHIC FINDINGS**

14years Primary Findings:

- WEIGHT**
- Intestinal mass.
 - Ascites and pleural effusion.
 - Nodular mesentery.
 - Mesenteric lymphadenomegaly.
 - Hepatopathy.
 - Renal disease.
 - Thickened urinary bladder wall.

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Secondary Findings:

- Enteropathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the intestinal mass, bicavitary effusion, nodular mesentery, and lymphadenomegaly the most likely etiology would be metastatic neoplasia with secondary carcinomatosis.

Etiologies for the hepatopathy would be cholangio-hepatitis complex, granulomatous disease, lipidosis, and infiltrative neoplasia.

The appearance of the kidneys is consistent with chronic kidney disease with bacterial nephritis a differential diagnosis.

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Etiologies for the urinary bladder would be cystitis (bacterial, sterile) and neoplasia.

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Further assessment needs to be based on the results of the FNA cytology but could include CBC, serum biochemistry, urinalysis, analysis of the ascitic and pleural, and FNA cytology of the liver and mesentery,

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Specific therapy would be dependent on an etiological diagnosis.

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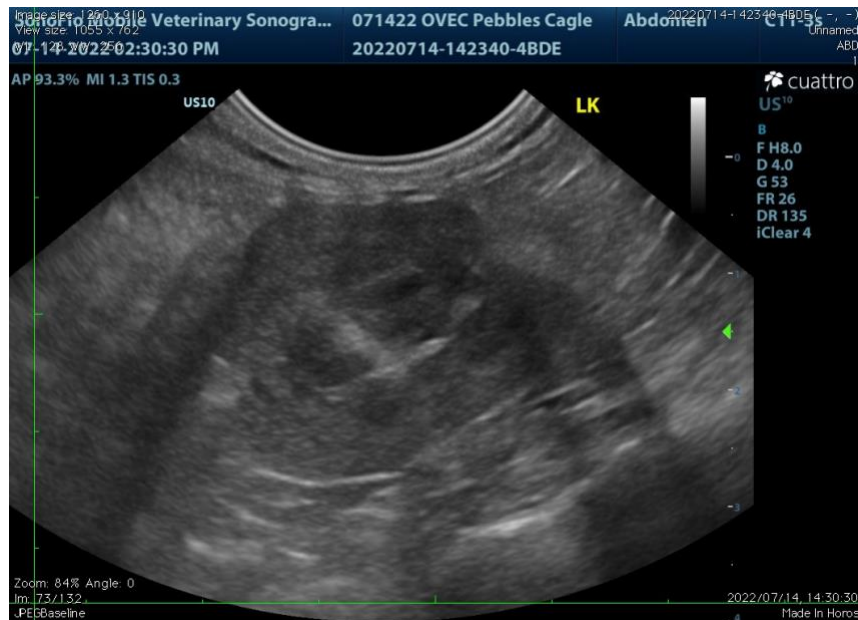
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IMAGES

Urinary bladder



Left kidney





PATIENT Liver

Pebbles Cagle

SPECIES

Feline

BREED

DSH

SEX

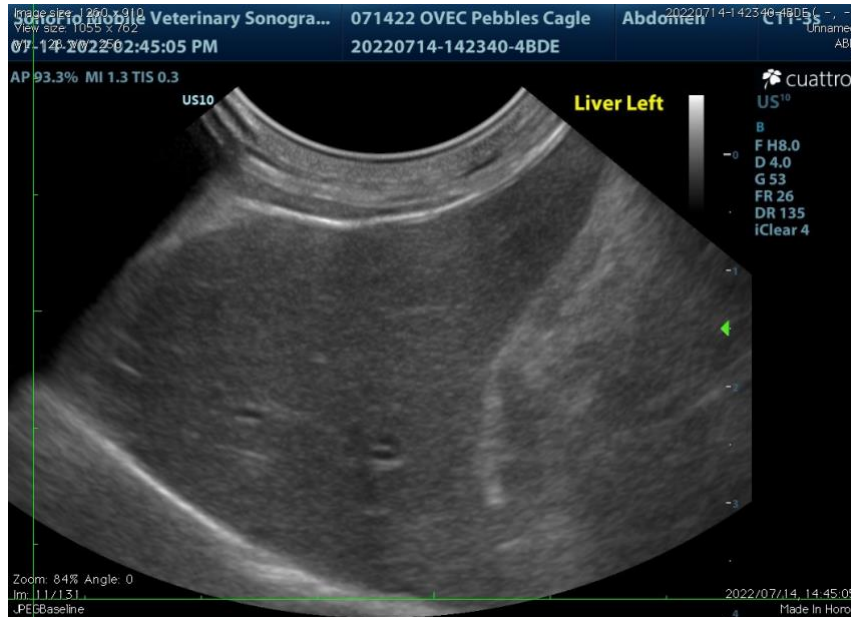
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Small intestine

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PATIENT Mesentery

Pebbles Cagle

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

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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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