



PATIENT PRESENTING CLINICAL SIGNS

Kali Clark History: History of thyroid and GI issues, abnormal BNP.

SPECIES Physical Examination: N/A.

Feline Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

DSH Radiographic Findings: N/A.

SEX

FS

AGE

15 years

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.

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

9 # Normal Iliac lymph nodes. Ureters not visualized.

Small left kidney (2.8 cm), normal size of right kidney (3.7 cm) both with normal echogenic appearance, some loss of cortico-medullary differentiation, normal pelvis, irregular capsule (left worse than the right), and pinpoint mineralization.

INTERPRETED BY

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Reproductive System

N/A.

IMAGING PERFORMED BY

Sonya Myers, DVM

Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 0.4 cm, right 0.36 cm.

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

Spleen

Enlarged (1.1 cm) with a normal echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted. FNA taken with no obvious post aspirate hemorrhage.

REFERRING VET

Dr Ariel Smith

Liver

INVOICE

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Enlarged with rounded edges, diffuse mottled hypoechoic and coarse appearance, some loss of portal markings, and regular curvilinear capsule. Small hypoechoic parenchymal nodule (0.7 cm) in the left liver. No masses evident. FNA taken with no obvious post aspirate hemorrhage. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).

DATE

7/28/22



PATIENT

Gastrointestinal

Kali Clark

Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen. Thickening of the duodenum (0.36 cm) and segmental thickening of the small intestine (0.33 cm) with no loss of layering or distension of the lumen and normal peristalsis.

SPECIES

Feline

Pancreas

BREED

DSH

Enlarged (0.8 cm) with a diffuse hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

FS

Normal mesenteric lymph nodes (0.2 x 1.2 cm).
No ascites

AGE

15 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Renal disease vs age-related renal changes.
- Pancreatitis.
- Hepatopathy.
- Enteropathy.
- Splenomegaly.

WEIGHT

9 #

Secondary Findings:

- Hepatic nodule.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with pancreatitis.

Etiologies for the hepatopathy would be secondary to the pancreatitis, reactive, vacuolar, metabolic, cholangio-hepatitis complex, granulomatous disease, and infiltrative neoplasia.

Etiologies for the enteropathy would be secondary to the pancreatitis, non-specific enteritis (viral, bacterial, protozoal, helminths, toxins, dietary indiscretion), inflammatory bowel disease, and dietary hypersensitivity.

Etiologies for the splenomegaly would be reactive, hyperplasia, splenitis, and infiltrative neoplasia.

Further assessment needs to be based on the pending cytology results but could include urine and fecal analyses, renal function (urea, creatinine, SDMA), fPL/PSL assay, echocardiography, and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



PATIENT **IMAGES**
 Kali Clark **Left kidney**

SPECIES

Feline

BREED

DSH

SEX

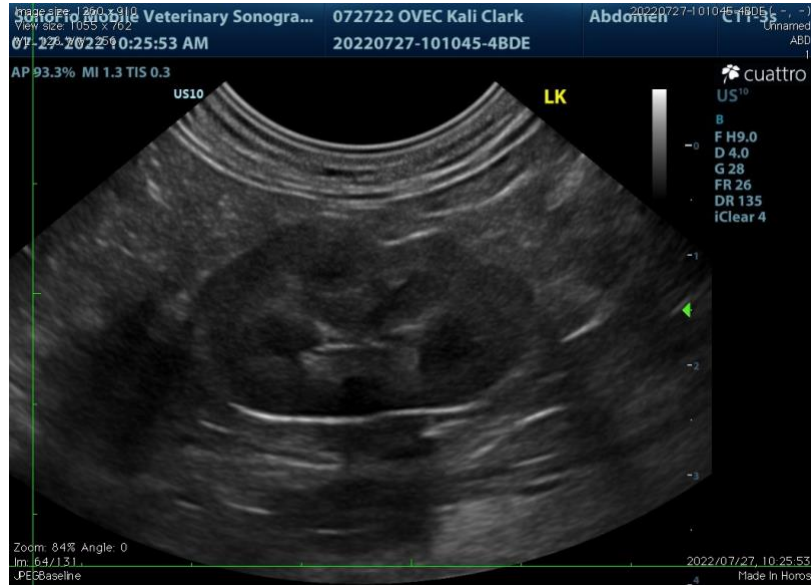
FS

AGE

15 years

WEIGHT

9 #



Spleen

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PATIENT Liver

Kali Clark

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15 years

WEIGHT

9 #

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Pancreas



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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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