


PATIENT PRESENTING CLINICAL SIGNS

Copper Primrose History: Chronic GI disease, recent onset vomiting, soft feces, and hyporexia.

SPECIES Physical Examination: Heart murmur.

Feline Urinalysis: N/A.

CBC: Neutropenia.

BREED Serum Biochemistry: N/A.

DSH Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
MN *Urinary System*

Age 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.

4.2 kg Normal iliac lymph nodes. Ureters not visualized.

Renomegaly (left 4.4 cm right 4.6 cm) with increased echogenic appearance, some loss cortico-medullary differentiation, and normal pelvis and capsule.

INTERPRETED BY *Reproductive System*

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

Adrenal Glands

IMAGING PERFORMED BY Normal shape, echogenic appearance, size, and position. Left 0.3 cm, right 0.28 cm.

Sonya Myers, DVM

Spleen
HOSPITAL NAME

Oviedo Veterinary Care and
Emergency Normal size (1 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

REFERRING VET *Liver*

Dr Rivera Enlarged with rounded edges, diffuse hypoechogenic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Full double gall bladder containing small amount of hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.3 cm).

INVOICE

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Gastrointestinal
DATE

8/12/22

Normal appearance of the duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen. Segmental thickening of the stomach (up to 0.74 cm) and small intestine (up to 0.32 cm) with no loss of layering or distension of the lumen.


PATIENT *Pancreas*

Copper Primrose

Enlarged and irregular (right 0.9 cm, left 0.6 cm) with a hypoechogenic appearance. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES
Free Abdomen

Feline

Mesenteric lymphadenomegaly (0.4 x 2.4 cm) with rounded shape and hyperechogenic appearance.

BREED

Small amount of ascites.

DSH

ULTRASONOGRAPHIC FINDINGS
SEX

Primary Findings:

MN

- Gastroenteropathy.
- Renomegaly.
- Pancreatitis.
- Hepatopathy.
- Lymphadenomegaly.

Age

10 years

WEIGHT

Secondary Findings:

4.2 kg

- Ascites.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

 Etiologies for the gastroenteropathy would be chronic gastritis, *Helicobacter* gastritis, ulcerative disease, granulomatous enteritis, inflammatory bowel disease, parasitic enteritis, and dietary hypersensitivity.

IMAGING PERFORMED BY

Sonya Myers, DVM

Etiologies for the renal disease would be acute kidney injury, bacterial nephritis, FIP. and emerging lymphoma.

HOSPITAL NAME

The appearance of the pancreas is consistent with pancreatitis.

 Oviedo Veterinary Care and
 Emergency

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

REFERRING VET

Etiologies for the lymph nodes would be reactive, lymphadenitis, and infiltrative neoplasia.

Dr Rivera

Initial further assessment would be fecal and urine analysis, urine culture, serum biochemistry, fPL/PSL assay, T4 assay, FNA cytology of the liver and lymph nodes, and possibly endoscopy of the upper GI tract with biopsies.

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Specific therapy would be dependent on an etiological diagnosis.

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PATIENT **IMAGES**
 Copper Primrose **Pancreas**

SPECIES

Feline

BREED

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SEX

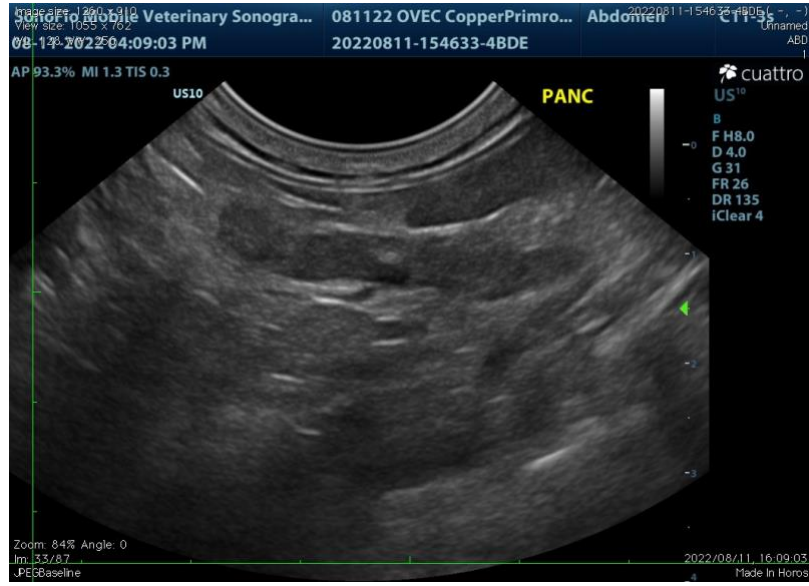
MN

Age

10 years

WEIGHT

4.2 kg



Mesenteric lymph nodes

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IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

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REFERRING VET

Dr Rivera

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PATIENT Stomach

Copper Primrose

SPECIES

Feline

BREED

DSH

SEX

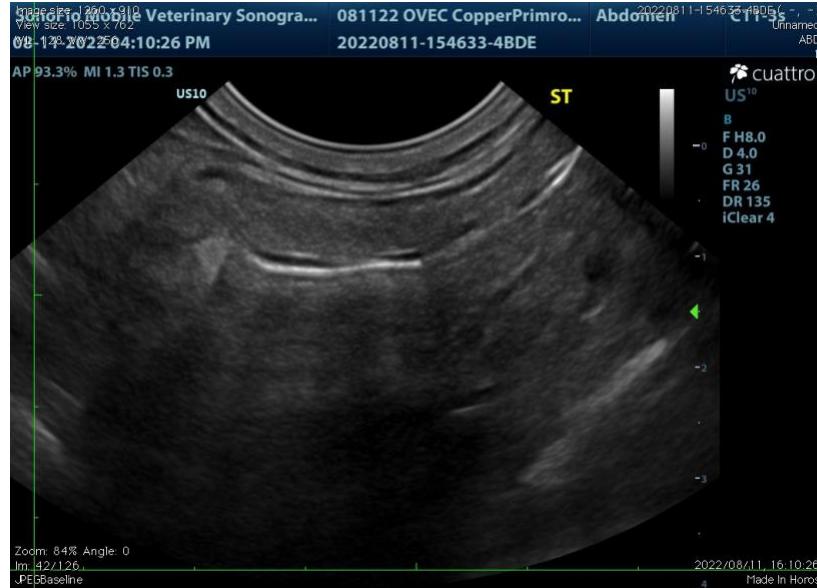
MN

Age

10 years

WEIGHT

4.2 kg



Liver

INTERPRETED BY

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IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
 Emergency

REFERRING VET

Dr Rivera



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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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