



PATIENT PRESENTING CLINICAL SIGNS

Rose Rowley History: Inappetence, fever, weight loss.

SPECIES Physical Examination: N/A.

Feline Urinalysis: Normal.

CBC: N/A.

BREED Serum Biochemistry: Mild hypoalbuminemia.

DMH Radiographic Findings: N/A.

SEX

FS

Age

13 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and appearance of the wall. Small amount of floating hyperechogenic sediment. No uroliths evident.

WEIGHT Normal trigone area, proximal urethra, and iliac blood vessels.

6 kg Normal iliac lymph nodes (0.8 cm). Ureters not visualized.

Normal renal size (left 4 cm right 3.3 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

INTERPRETED BY

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ECVIM

Reproductive System

N/A.

IMAGING PERFORMED BY

Dr Stan Gira

Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 0.36 cm, right 0.41 cm.

HOSPITAL NAME

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Ultrasound

Spleen

Enlarged with increased echogenic appearance. Few hyperechogenic parenchymal nodules up to 0.9 cm in size. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

REFERRING VET

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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).

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Gastrointestinal

DATE

8/15/22

Fluid-filled and distended stomach with normal wall thickness and no loss of layering. Thickening of the duodenum and small intestine with loss of layering. Normal appearance of the ileo-cecal junction and colon with no loss of layering. Fecal material within the colon.



PATIENT *Pancreas*

Rose Rowley Enlarged (right 0.7 cm, left 0.8 cm) and irregular with a hypoechogenic appearance. Visible pancreatic duct. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES

Feline *Free Abdomen*

BREED

No mesenteric lymphadenomegaly (0.71 cm).
Enlarged jejunal lymph node (0.8 x 2.8 cm) with loss of normal shape and increased echogenic appearance.

DMH

Hyperechogenic appearance of the mesentery around the jejunum and lymph node.

SEX

No ascites.

FS

Normal size of aorta, caudal vena cava, and portal vein

Age

ULTRASONOGRAPHIC FINDINGS

13 years

Primary Findings:

WEIGHT

6 kg

- Pancreatitis.
- Small intestinal thickening.
- Nodular splenomegaly.
- Lymphadenomegaly.
- Mesenteric inflammation.

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Secondary Findings:

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- Fluid-filled stomach.
- Age-related renal changes.
- Urinary bladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

The appearance of the pancreas is consistent with pancreatitis.

Resolution Veterinary
Ultrasound

Etiologies for the small intestine would be secondary to the pancreatitis, granulomatous disease, severe inflammatory bowel disease, and lymphoma.

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Etiologies for the spleen and lymph node would be reactive, hyperplasia, splenitis/lymphadenitis, and infiltrative neoplasia.

Dr Stan Gira

Further assessment would be fPL/PSL assay, FNA cytology of the spleen lymph node, and intestine and possibly endoscopy of the upper GI tract with biopsies.

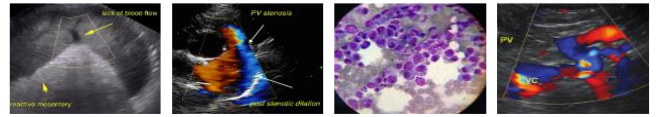
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Specific therapy would be dependent on an etiological diagnosis.

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PATIENT

Rose Rowley

SPECIES

Feline

BREED

DMH

SEX

FS

Age

13 years

WEIGHT

6 kg

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HOSPITAL NAME

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Ultrasound

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DATE

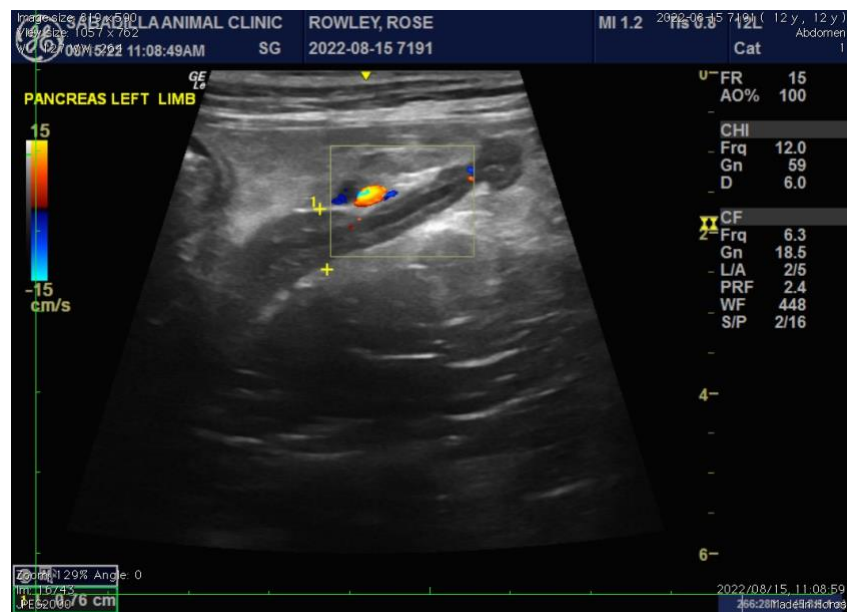
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IMAGES

Stomach



Pancreas





PATIENT Spleen

Rose Rowley

SPECIES

Feline

BREED

DMH

SEX

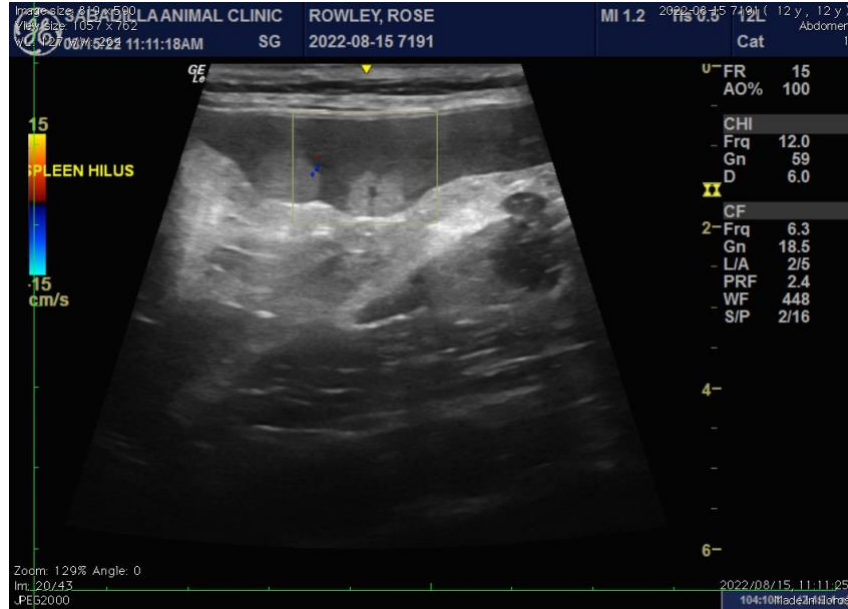
FS

Age

13 years

WEIGHT

6 kg



Jejunum

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PATIENT Jejunal lymph node

Rose Rowley

SPECIES

Feline

BREED

DMH

SEX

FS

Age

13 years

WEIGHT

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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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