



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Wile E. Coyote Cohen
History: Chronic intermittent diarrhea. More recently showing hematuria and stranguria. Previous ultrasound (July 2020) showed pancreatic and splenic changes and prominent lymph nodes.

SPECIES Feline
Physical Examination: N/A.

BREED DSH
Urinalysis: N/A.

SEX MN
CBC: Normal.
Serum Biochemistry: Normal.

AGE 3 years
Radiographic Findings: Normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT 14.1 #
Small urinary bladder with a thickened (0.3 cm) and increased echogenic appearance of the wall. Small amount of floating hyperechogenic sediment. Adhered sediment/small uroliths on the ventral wall.

Normal trigone area, proximal urethra (0.3 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (both 3.9 cm), echogenic appearance, cortico-medullary differentiation, blood flow, pelvis, and capsule. Bilateral foci of mineralization.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.8 x 0.44, right 0.86 x 0.42 cm.

Spleen

Enlarged (1.2 cm) with an increased echogenic appearance. Diffuse small hypoechogenic parenchymal nodules. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature.

Liver

Normal size, echogenic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Full bilobed gall bladder containing small amount of anechoic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

INTERPRETED BY

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IMAGING PERFORMED BY

Denise Bruno LVT, RDMS

HOSPITAL NAME

Brooklyn Heights
Veterinary Hospital

REFERRING VET

Dr Venezia

INVOICE

303214

DATE

8/19/22



PATIENT *Gastrointestinal*

Wile E. Coyote Cohen

Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristalsis, and no distension of the lumen. Normal thickness of the duodenum and small intestine (0.28 cm) but with segmental loss of layering detail and with an undulating appearance.

SPECIES

Feline

Pancreas

BREED

DSH

Normal size (0.5 cm) with a hypoechogenic appearance. Mildly irregular capsule. Visible pancreatic duct (0.2 cm) Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

MN

Free Abdomen

AGE

3 years

No mesenteric lymphadenomegaly.
Small amount of ascites.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

14.1 #

Primary findings:

- Cystitis with uroliths.
- Pancreatitis.
- Enteropathy.
- Splenomegaly.
- Ascites.

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Secondary findings:

- Gall bladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with pancreatitis.

Etiologies for the enteropathy would be inflammatory bowel disease, dietary hypersensitivity, parasitic enteritis, granulomatous enteritis, and emerging lymphoma.

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

The ascites can be ascribed to the splenic and intestinal changes.

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The prominent portal markings of the liver can be ascribed to previous cholecystitis as there is currently no elevation in liver enzyme activity.

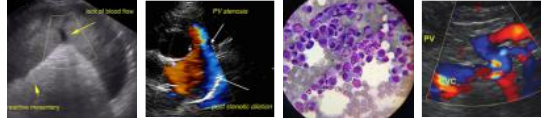
With the splenic and intestinal changes, lymphoma would be an important consideration.

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Further assessment would be urine and fecal analysis, cobalamin assay, fPL/PSL assay, FNA cytology of the spleen, and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



PATIENT IMAGES

Wile E. Coyote Cohen **Urinary bladder**

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Spleen





PATIENT Liver

Wile E. Coyote Cohen

SPECIES

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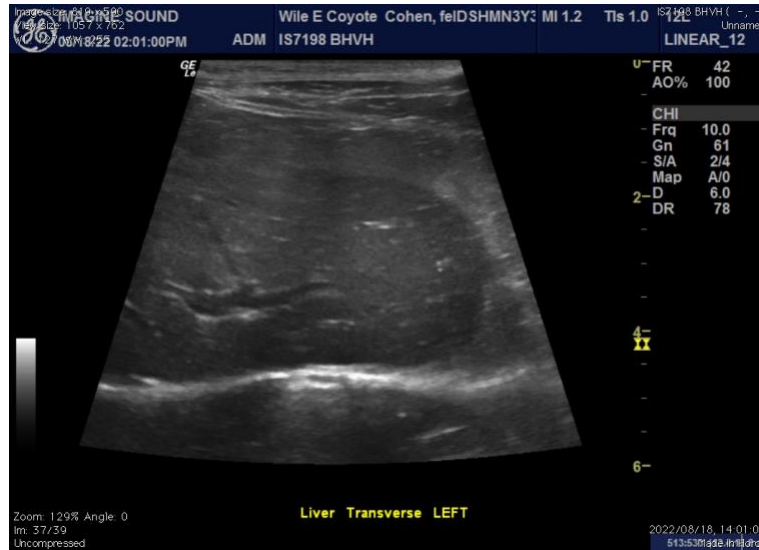
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Pancreas



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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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