



PATIENT PRESENTING CLINICAL SIGNS

Tina Green History: Cachexia, icterus.

SPECIES Physical Examination: N/A.

Feline Urinalysis: N/A.

BREED CBC: Non-regenerative anemia, neutropenia, thrombocytopenia.

DSH Serum Biochemistry: Elevated urea, globulins, ALT activity, and bilirubin, low albumin.

DSH Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS **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.

6 # Normal iliac lymph nodes. Ureters not visualized.

Renomegaly (left 5.2 cm right 4.6 cm) with increased echogenic appearance, some loss cortico-medullary differentiation, mild pyelectasia (right 0.2 cm), irregular capsule, and subcapsular thickening.

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Reproductive System

N/A

IMAGING PERFORMED BY **Adrenal Glands**

Sonya Myers, DVM Normal shape, echogenic appearance, size, and position. Left 0.32 cm, right 0.37 cm.

HOSPITAL NAME **Spleen**

Oviedo Veterinary Care and Emergency Normal size (0.6 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 MacIntosh

INVOICE Enlarged with rounded edges, diffuse hypoechogenic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).

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DATE **Gastrointestinal**

8/20/22 Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.18 cm, colon 0.12 cm) and peristaltic activity, and no distension of the lumen.



PATIENT *Pancreas*

Tina Green Enlarged and irregular (right 1 cm, left 0.6 cm) with a hypoechogenic appearance. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Feline Normal mesenteric lymph nodes (0.3 x 1.2 cm).
Small amount of ascites.

BREED Hyperechogenic appearance of the mesentery.
Pleural effusion.

DSH

SEX **ULTRASONOGRAPHIC FINDINGS**

FS Primary Findings:

Age

- Renomegaly.
- Pancreatitis.
- Hepatopathy.
- Mesenteric inflammation.
- Bicavitary effusion

WEIGHT

6 #

Secondary Findings:

- Gall bladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

IMAGING PERFORMED BY

Sonya Myers, DVM

The appearance of the pancreas is consistent with pancreatitis.

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

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

REFERRING VET

Dr MacIntosh

With the mesenteric inflammation and bicavitary effusion, FIP and lymphoma would be important differential diagnoses.

Further assessment would be serum protein electrophoresis, fPL/PSL assay, survey thoracic radiographs, FNA cytology of the liver and kidneys, and if possible analysis of the pleural and ascitic fluid.

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Specific therapy would be dependent on an etiological diagnosis.



PATIENT

Tina Green

SPECIES

Feline

BREED

DSH

SEX

FS

Age

10 years

WEIGHT

6 #

IMAGES

Pancreas



Left kidney



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IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
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REFERRING VET

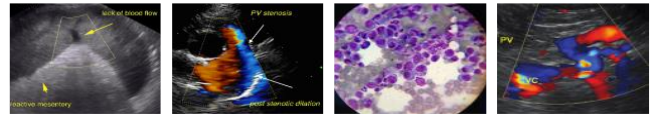
Dr MacIntosh

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PATIENT Liver

Tina Green

SPECIES

Feline

BREED

DSH

SEX

FS

Age

10 years

WEIGHT

6 #



INTERPRETED BY

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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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IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

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REFERRING VET

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