

PATIENT

Funny Girl Stevens

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

9 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Boca Midtowne Animal
Hospital

REFERRING VET

Dr Boazman

INVOICE

303345

DATE

8/26/22

PRESENTING CLINICAL SIGNS

History: Weight loss, chronic intermittent vomiting and constipation.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: Leukocytosis.

Serum Biochemistry: Hypoalbuminemia.

Radiographic Findings: Loss of serosal detail in cranial abdomen, possible gastric wall thickening, mild hepatomegaly.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and echogenic appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.9 cm, right 3.8 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

Reproductive System

N/A.

Adrenal Glands

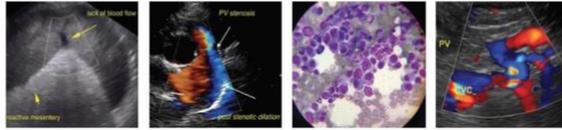
Normal shape, echogenic appearance, position, and size. Left 0.33 cm, right 0.42 cm.

Spleen

Normal size (0.8 cm) and echogenic appearance. Irregular scalloped appearance of the capsule. Smooth homogenous parenchyma and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Small bilobed 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

Normal appearance of the gastro-esophageal junction, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (jejunum 0.29 cm) and peristaltic activity, and no distension of the lumen. Marked thickening of the wall of the gastric fundus (2 cm) with a hypoechoic appearance, loss of layering, and ulceration.

Pancreas

Normal size (1.1 cm) with a hypoechoic and irregular appearance. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Gastric (0.6 cm), hepatic (0.8 x 1.5 cm), and mesenteric lymphadenomegaly (2.1 cm) with rounded shape and increased echogenic appearance. Hyperechogenic appearance of the mesentery. Small amount of ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Gastric mass.
- Pancreatitis.
- Mesenteric lymphadenomegaly.
- Mesenteric inflammation.

Secondary findings:

- Age-related renal changes.
- Irregular splenic capsule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

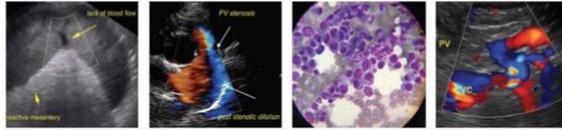
Etiologies for the gastric mass would be neoplasia, granulomatous disease, and ulceration. With the severe leukocytosis, lymphadenomegaly and mesenteric inflammation, perforation of the gastric wall with peritonitis is highly likely.

Etiologies for the pancreas would be chronic pancreatitis, primary pancreatitis, and pancreatitis secondary to the peritonitis.

Although the appearance of the lymph nodes may merely be reactive secondary to the peritonitis, infiltrative neoplasia needs to be considered.

Further assessment would be 3-view thoracic radiographs, FNA cytology of the gastric wall and lymph nodes, and possibly laparotomy; the later potentially being both diagnostic and therapeutic.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be fluid therapy, analgesics, and antibiotics.



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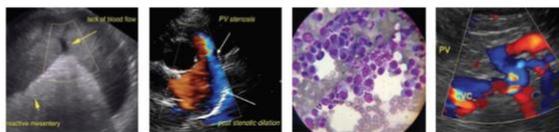
IMAGES

Spleen/mesentery



Stomach





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Mesenteric lymph nodes



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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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
 rlobetti@mweb.co.za