

**PATIENT**

Gucci Harris

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

MN

**AGE**

17 years

**WEIGHT**

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Seth Mitchell, DVM

**HOSPITAL NAME**

Treasure Coast Animal  
Emergency

**REFERRING VET**

Dr Cail

**INVOICE**

303355

**DATE**

8/30/22

**PRESENTING CLINICAL SIGNS**

History: Liver issues.

Physical Examination: N/A.

Urinalysis: N/A

CBC: Pending.

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (right 4.2 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis, and capsule.

**Reproductive System**

N/A.

**Adrenal Glands**

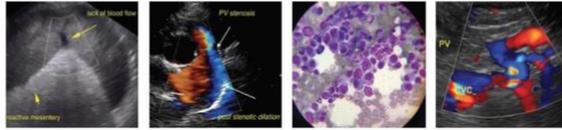
Normal shape, echogenic appearance, position, and size.

**Spleen**

Normal size (0.9 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**Liver**

Normal size, echogenic appearance, portal markings, and curvilinear capsule. No nodules evident. Large infiltrative mottled echogenic lobulated mass (7 x 13 cm) within the right liver. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.



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***Gastrointestinal***

Normal appearance of the gastro-esophageal junction, stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (jejunum 0.35 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the small intestine (up to 0.49 cm) with a prominent hypoechoic appearance of the submucosal layer but with no loss of layering or distension of the lumen.

***Pancreas***

Normal size and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

***Free Abdomen***

No mesenteric lymphadenomegaly.  
Small amount of ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Hepatic mass.
- Enteropathy.
- Age-related renal changes vs chronic kidney disease.

Secondary findings:

- None.

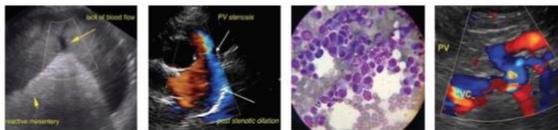
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the hepatic mass would be neoplasia.

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

Further assessment would urine and fecal analysis, FNA cytology of the mass, renal function (urea, creatine, SDMA), cobalamin assay, and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. The hepatic mass does not appear to be amiable to surgical excision, however, if surgery is being contemplated then a CT scan would be recommended. Symptomatic management of the enteropathy would be novel protein/hypoallergenic diet, course of metronidazole and/or fenbendazole, cobalamin supplementation, and possibly prednisolone.



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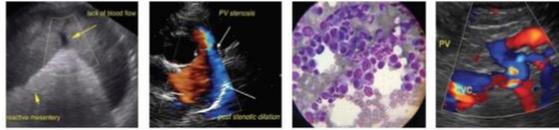
**IMAGES**

**Liver**



**Small intestine**





**PATIENT**

**Kidney**

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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

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