

**PATIENT PRESENTING CLINICAL SIGNS**

Mimi Blackburn History: Rule out foreign body or mass obstruction.

SPECIES Physical Examination: N/A.

Feline Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

DSH Radiographic Findings: Gas distention of stomach and duodenum and splenomegaly.

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.

13 years

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.1 cm right 4.3 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule. Bilateral pyelectasia (0.2 cm).

INTERPRETED BY **Reproductive System**

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

N/A.

IMAGING PERFORMED BY **Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Left 0.4 cm, right 0.4 cm.

Sonya Myers, DVM **Spleen**

HOSPITAL NAME Enlarged (1.1 cm) with diffuse hypoechogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted. FNA taken with no obvious post aspirate hemorrhage.

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REFERRING VET **Liver**

Dr Kim Enlarged with rounded edges, normal echogenic appearance, portal marking and regular curvilinear capsule. No nodules or masses evident. Focal anechoic/fluid area (1.2 x 1.4 cm) that does not seem to be associated with the hepatic parenchyma. 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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DATE

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PATIENT
Gastrointestinal

Mimi Blackburn

Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.18 cm, colon 0.16 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the small intestine (up to 0.3 cm) with no loss of layering or distension of the lumen.

SPECIES

Feline

Pancreas
BREED

DSH

Normal size (right 0.8 cm, left 0.6 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

FS

Normal mesenteric lymph nodes (1 cm).
No ascites.

Age

13 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Enteropathy.
- Renal disease.
- Splenic pathology.
- Hepatopathy.

WEIGHT
INTERPRETED BY

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MMedVet (Med), PhD,
Dipl. ECVIM

Secondary Findings:

- Hepatic cyst?

IMAGING PERFORMED BY

Sonya Myers, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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Etiologies for the renal disease would be age-related changes, chronic kidney disease, pyelonephritis, and bacterial nephritis.

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

REFERRING VET

Dr Kim

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

Further assessment needs to be based on the spleen cytology results but could initially include urine and fecal analyses and serum biochemistry.

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Specific therapy would be dependent on an etiological diagnosis.

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PATIENT

Mimi Blackburn

SPECIES

Feline

BREED

DSH

SEX

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Age

13 years

WEIGHT

IMAGES

Spleen



Right kidney



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IMAGING PERFORMED BY

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HOSPITAL NAME

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Dr Kim

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PATIENT **Liver**

Mimi Blackburn

SPECIES

Feline

BREED

DSH

SEX

FS

Age

13 years

WEIGHT



INTERPRETED BY

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 MMedVet (Med), PhD,
 Dipl. ECVIM

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

Dr Kim

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