



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Skyler Santer  
**SPECIES**  
Feline  
**BREED**  
DSH  
**SEX**  
MN  
**Age**  
9 years

History: Liver disease.  
Physical Examination: N/A.  
Urinalysis: N/A.  
CBC: N/A.  
Serum Biochemistry: Elevated liver enzyme activity and bilirubin.  
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.

**WEIGHT**  
Normal trigone area, proximal urethra (0.3 cm), and iliac blood vessels.  
Normal iliac lymph nodes. Ureters not visualized.

Renomegaly (left 4.3 cm right 4.4 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Hyperechogenic appearance of the perirenal fat.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position. Left 0.52 cm, right 0.44 cm.

**Spleen**

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.

**Liver**

Enlarged with rounded edges, diffuse increased echogenic appearance, some loss of portal markings, and regular curvilinear capsule. FNA taken with no obvious post aspirate hemorrhage. No nodules or masses evident. Full bilobed gall bladder containing small amount of hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).

**INTERPRETED BY**

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MMedVet (Med), PhD, Dipl.  
ECVIM

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**REFERRING VET**

Dr Megaly

**INVOICE**

303173

**DATE**

8/5/22



**PATIENT** *Gastrointestinal*

Skyler Santer Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.21 cm, duodenum 0.31 cm, jejunum 0.27 cm) and peristaltic activity, and no distension of the lumen. Small amount of shadowing material within the stomach.

**SPECIES**

Feline

*Pancreas*

**BREED**

DSH

Normal size (0.9 cm) with increased echogenic appearance. Irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SEX**

MN

*Free Abdomen*

Normal mesenteric lymph nodes (0.9 cm).  
Small amount of ascites.

**Age**

9 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

Primary Findings:

- Hepatopathy.
- Renomegaly.
- Ascites.
- Chronic pancreatitis.

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Secondary Findings:

- Gall bladder sediment.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

Etiologies for the renomegaly would be acute kidney injury, lymphoma, granulomatous disease, and bacterial nephritis.

**REFERRING VET**

Dr Megaly

The ascites can be ascribed to the renal and hepatic changes.

Further assessment/therapy needs to be based on the results of the pending FNA cytology but could include fPL/PSL assay and FNA cytology of the kidneys. With the elevated ALP activity, lipidosis (primary or secondary) would be an important consideration.

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**PATIENT**

Skyler Santer

**IMAGES**

**Left kidney**

**SPECIES**

Feline

**BREED**

DSH

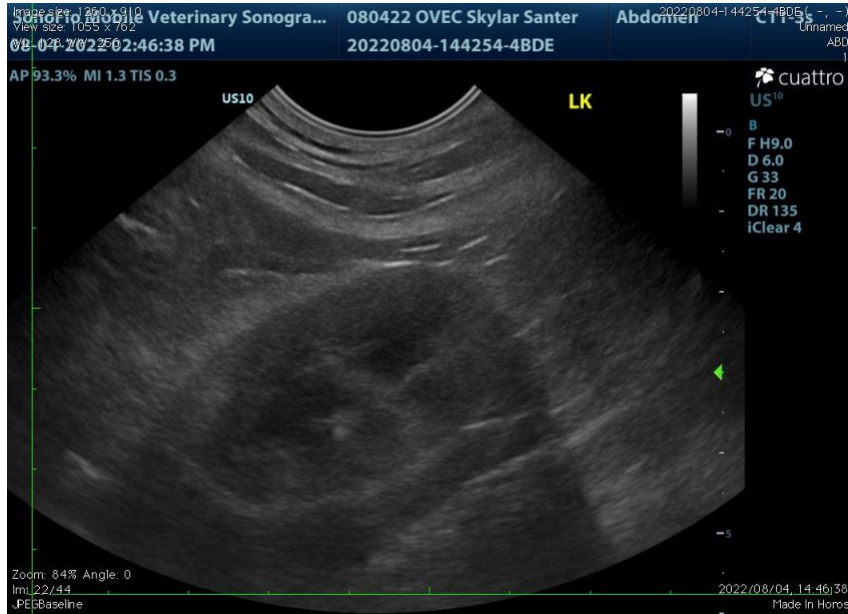
**SEX**

MN

**Age**

9 years

**WEIGHT**



**INTERPRETED BY**

**Liver**

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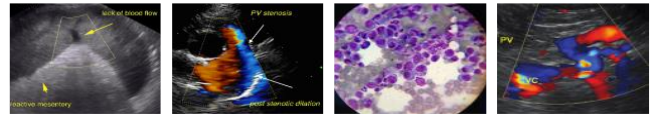
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**PATIENT** Pancreas

Skyler Santer

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**Age**

9 years

**WEIGHT**



**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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