



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bullseye Cleary History: Suspected pyelonephritis and renoliths.

SPECIES Physical Examination: N/A.

Feline Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

DSH Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN *Urinary System*

Age Full urinary bladder with a normal thickness and appearance of the wall. Focal thickening of the dorsal wall (0.3 cm) with a hypoechogenic appearance. 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. Visible ureters (left 0.2 cm) with no obvious obstruction evident.

INTERPRETED BY Bilateral renomegaly (left 4.1 cm, right 6.2 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, pyelectasia (left 1.3 cm, right 0.5 cm), and irregular capsule. Small nephrolith (0.5 cm) in the right pelvis. Hyperechogenic appearance of the peri-renal fat.

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Reproductive System

N/A.

IMAGING PERFORMED BY

Sonya Myers, DVM

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.46 cm, right 0.47 cm.

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Spleen

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Normal size (0.7 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

Dr Rivera

Liver

INVOICE Normal size with a diffuse hypoechogenic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

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PATIENT *Gastrointestinal*

Bullseye Cleary

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.23 cm, jejunum 0.22 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the stomach (0.42 cm) with no loss of layering. Small amount of gas within the stomach.

SPECIES

Feline

Pancreas

BREED

DSH

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

SEX

MN

Free Abdomen

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

Age

10 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

WEIGHT

- Renal disease.
- Hepatopathy
- Gastritis.
- Urinary bladder thickening.

INTERPRETED BY

Secondary Findings:

- None.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the renal disease would be pyelonephritis, bacterial nephritis, acute kidney injury (hypoxia, toxins), hypertensive nephropathy, previous obstructive uropathy, lymphoma and granulomatous disease.

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

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Etiologies for the gastritis would be non-specific (viral, toxins, dietary indiscretion), *Helicobacter* gastritis, ulcerative disease, and inflammatory bowel disease.

Dr Rivera

Etiologies for the urinary bladder would be sterile cystitis, bacterial cystitis, hematoma, and emerging neoplasia.

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Further assessment would be urinalyses, urine culture, blood pressure, renal function (urea, creatinine, SDMA), FNA cytology of the kidneys and liver, and possibly gastroscopy with biopsies.

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Specific therapy would be dependent on an etiological diagnosis.



PATIENT

Bullseye Cleary

SPECIES

Feline

BREED

DSH

SEX

MN

Age

10 years

WEIGHT

IMAGES

Urinary bladder



INTERPRETED BY

Left kidney

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PATIENT

Right kidney

Bullseye Cleary

SPECIES

Feline

BREED

DSH

SEX

MN

Age

10 years

WEIGHT



Liver

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PATIENT Stomach

Bullseye Cleary

SPECIES

Feline

BREED

DSH

SEX

MN

Age

10 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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