



**PATIENT PRESENTING CLINICAL SIGNS**

Roxy Leonard History: Hematuria, hyporexia, stranguria, previous FIC.

**SPECIES** Physical Examination: N/A.

Feline Urinalysis: Insufficient sample.

**BREED** CBC: Thrombocytopenia.

DSH Serum Biochemistry: Hypokalemia.

Radiographic Findings: Cranial abdominal mass?

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**FS** *Urinary System*

**Age** Full urinary bladder with normal thickness and appearance of the wall. Moderate amount of floating hyperechogenic sediment. No uroliths evident.

12 years Normal trigone area, proximal urethra (0.2 cm), and iliac blood vessels.

**WEIGHT** Normal iliac lymph nodes. Ureters not visualized.

12 # Left kidney – enlarged (4.4 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule. Pyelectasia (0.3 cm) with areas of mineralization.

**INTERPRETED BY** Right kidney – small (2.1 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, irregular capsule, and pinpoint mineralization. Pyelectasia (0.3 cm).

*Reproductive System*

N/A.

*Adrenal Glands*

Left adrenal – normal shape, echogenic appearance, position, and size (0.31 cm).

Mottled echogenic vascularized cavitary right adrenal mass (2.3 x 2.6 cm) with a hyperechogenic appearance of the surrounding mesentery.

*Spleen*

Dr Caja Normal size (0.5 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**INVOICE** 303398 *Liver*

**DATE** 9/14/22 Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full 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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**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

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**PATIENT** *Gastrointestinal*

Roxy Leonard

Normal appearance of the stomach, duodenum, small intestine, and ileo-cecal junction, with no loss of layering, normal wall thickness (duodenum 0.25 cm, jejunum 0.25 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the colon (0.39 cm) with some loss of layering.

**SPECIES**

Feline

*Pancreas*

**BREED**

DSH

Enlarged left lobe (0.5 cm) with a hypoechogenic appearance and irregular capsule. Hyperechogenic echogenic appearance of the mesentery and fat surrounding the pancreas.

**SEX**

FS

Normal mesenteric lymph nodes (1.6 cm).  
No ascites.

**Age**

12 years

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

**WEIGHT**

12 #

- Right adrenal mass.
- Pancreatitis.
- Right renal disease.
- Colitis.

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Secondary Findings:

- Urinary bladder sediment.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

With the hypokalemia, the right adrenal mass is most likely an aldosterone secreting tumor (Conn's syndrome).

**HOSPITAL NAME**

The appearance of the pancreas is consistent with pancreatitis and could account for the colitis.

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Etiologies for the right renal disease would be previous obstructive uropathy, bacterial nephritis, pyelonephritis, and congenital anomaly. The left renomegaly can be ascribed to compensatory hypertrophy. Although the pyelectasia is most likely an age-related change, pyelonephritis needs to be considered

**REFERRING VET**

Dr Caja

Other etiologies for the colitis would be parasitic, granulomatous diseases, inflammatory bowel disease, and emerging neoplasia.

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Further assessment would be urine and fecal analysis, urine culture, blood pressure, fPL/PSL assay, serum aldosterone assay, and possibly colonoscopy with biopsies.

**DATE**

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Specific therapy would be dependent on an etiological diagnosis. Management of the pancreatitis would be low-fat intestinal diet, anti-emetics, and analgesics



**PATIENT**

Roxy Leonard

**SPECIES**

Feline

**BREED**

DSH

**SEX**

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**Age**

12 years

**WEIGHT**

12 #

**IMAGES**

**Right adrenal**



**INTERPRETED BY**

**Pancreas**

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**PATIENT** Left kidney

Roxy Leonard

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**Age**

12 years

**WEIGHT**

12 #



**Right kidney**



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**DATE**

9/14/22

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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