



PATIENT

Tony Blanton

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years

WEIGHT

6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Brent Crutchfield, DVM

HOSPITAL NAME

Treasure Coast Animal
Emergency

REFERRING VET

Dr Cail

INVOICE

303433

DATE

9/26/22

PRESENTING CLINICAL SIGNS

History: Anorexia.

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 (0.1 cm) and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (4.3 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Irregular hypoechogenic cortical nodule (1.4 cm) in the cranial pole of the left kidney.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.53 cm.

Spleen

Enlarged (1.1 cm) with a hypoechogenic appearance and scalloped capsule. Smooth homogenous parenchyma 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 or masses evident. Small gall bladder containing normal anechoic bile. Normal thickness (0.1 cm) and echogenic appearance of the gall bladder. Normal bile duct.



PATIENT

Tony Blanton

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years

WEIGHT

6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Brent Crutchfield, DVM

HOSPITAL NAME

Treasure Coast Animal
Emergency

REFERRING VET

Dr Cail

INVOICE

303433

DATE

9/26/22

Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.25 cm, duodenum 0.25 cm, colon 0.12 cm) and peristaltic activity, and no distension of the lumen.

Pancreas

Severely enlarged with a hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Mesenteric lymphadenomegaly with irregular shape and hypoechogenic appearance. Small amount of acellular ascites. Hyperechogenic appearance of the mesentery.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Mesenteric lymphadenomegaly.
- Splenomegaly.
- Renal nodule.
- Pancreatitis.
- Ascites.
- Mesenteric inflammation.

Secondary findings:

- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS IMAGES

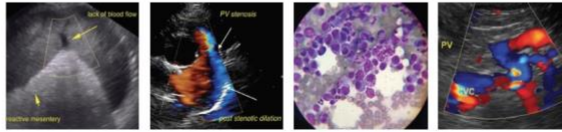
With appearance of the lymph nodes, spleen, and renal nodule, lymphoma would be an important consideration, which may also be involving the pancreas, with differential diagnosis for the latter being acute pancreatitis.

Although the liver appears ultrasonographically normal, with the elevated liver enzyme activity and bilirubin, infiltrative neoplasia needs to be considered.

The mesentery inflammation and ascites can be ascribed as a secondary change to the intra-abdominal pathology.

Further assessment would be fPL/PSL and FNA cytology of the liver, lymph nodes, spleen, and pancreas.

Specific therapy would be dependent on an etiological diagnosis.



PATIENT

Tony Blanton

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years

WEIGHT

6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Brent Crutchfield, DVM

HOSPITAL NAME

Treasure Coast Animal
Emergency

REFERRING VET

Dr Cail

INVOICE

303433

DATE

9/26/22

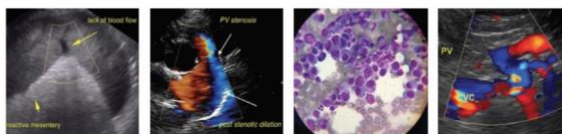
IMAGES

Lymph nodes



Pancreas





PATIENT

Tony Blanton

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years

WEIGHT

6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Brent Crutchfield, DVM

HOSPITAL NAME

Treasure Coast Animal
 Emergency

REFERRING VET

Dr Cail

INVOICE

303433

DATE

9/26/22

Left kidney



Spleen



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