

**PATIENT**

Martin Ciattei

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

16 years

**WEIGHT**

10.9 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Sarah Hansen

**HOSPITAL NAME**

Edgewood AC

**REFERRING VET**

Dr Kimball

**INVOICE**

13647

**DATE**

7.11.23

**PRESENTING CLINICAL SIGNS**

History: Diabetic cat that has had several episodes of hypoglycemia on Prozac. He collapsed last night and was open mouth breathing  
His at home glucose was taken immediately during the episode and it was 175. He has a grade 2/6 murmur and tachycardia was noted during the exam on 7/10/23  
Abnormal PE/Chem/CBC/UA Results: Heart Rate and Respiratory Rates 220/30 Blood Pressure Measurements Will do on day of echo Current Medications Prozac insulin 2 units SQ q12h  
Radiographic Findings None

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Small amount of floating hyperechogenic sediment present. No uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left kidney 4.10 cm / right kidney 4.50 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

**Adrenal Glands**

Normal shape, echogenic appearance, size (left 1.10 cm in length x 0.42 cm in width) (right 0.88 cm in length x 0.39 cm in width), position, and appearance of the visible peri-renal vasculature.

**Spleen**

Normal size (0.60 cm) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

**Liver**

Normal size with a diffuse echogenic appearance, some loss of portal markings, and regular curvilinear capsule. Focal hyperechogenic parenchymal nodule (0.70 x 1.00 cm) in the right lobe.

**Gallbladder**

The gallbladder is small, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

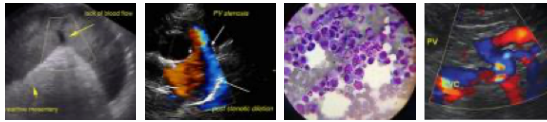
**Gastrointestinal**

Normal appearance of the stomach, duodenum, small intestine (0.45 cm), ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

**Pancreas**

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**



**PATIENT**

Normal mesenteric lymph nodes. Focal hyperechogenic appearance of the cranial mesentery.

Martin Ciattei

No ascites evident.

**SPECIES**

**ULTRASONOGRAPHIC FINDINGS**

Feline

**Primary Findings**

**BREED**

- Hepatopathy
- Focal hyperechogenic mesentery

DLH

**SEX**

**Secondary Findings**

Neutered Male

- Hepatic nodule
- Urinary bladder sediment

**AGE**

16 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

10.9 lbs

The most likely etiology for the appearance of the liver would be secondary to the diabetes, with cholangiohepatitis complex, lipidosis, and granulomatous hepatitis differential diagnoses, with infiltrative neoplasia an unlikely differential diagnosis.

**INTERPRETED BY**

The hyperechogenic appearance of the mesentery most likely represents a previous episode of pancreatitis, or steatitis.

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Further assessment would be urinalysis, urine culture and possible FNA cytology of the liver.

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On this ultrasound, there is no obvious etiology for the presenting clinical signs.

Sarah Hansen

Further assessment and therapy needs to be based on the pending echocardiogram and blood pressure measurements.

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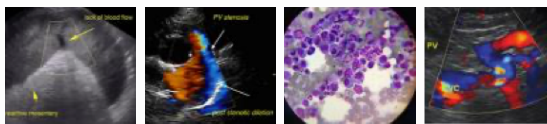
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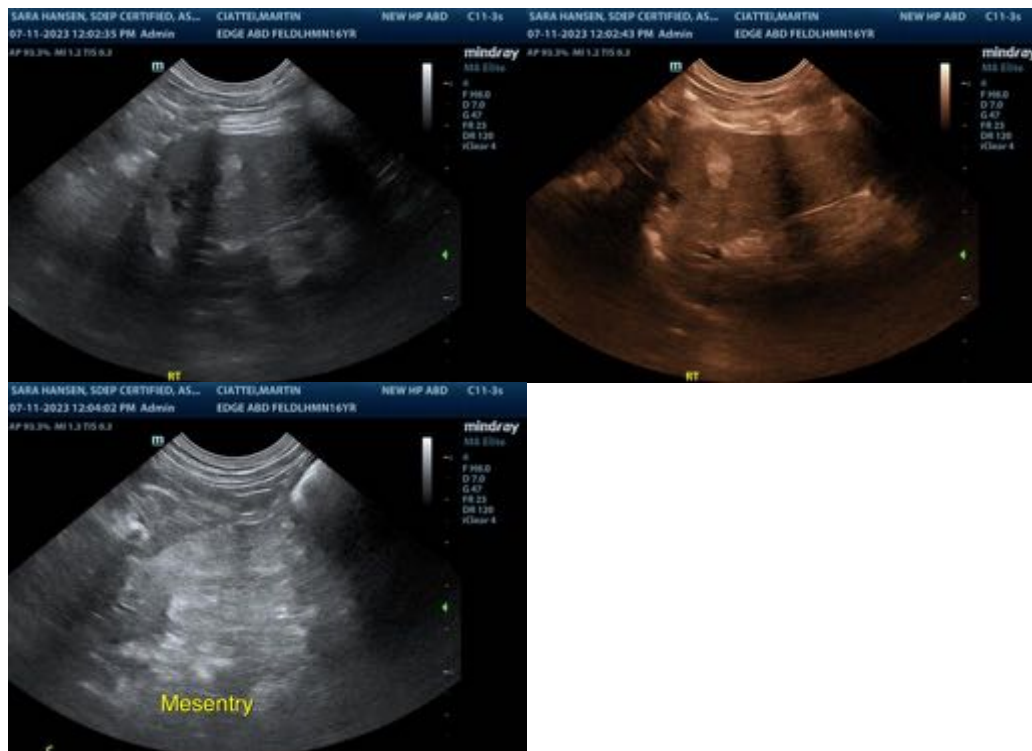
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)**  
info@sonopath.com