



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Magenta Malton
SPECIES Feline
BREED DLH
SEX Female Spayed
AGE 17 years
WEIGHT 8.5 lbs

Ongoing weight loss, unknown appetite. BP normal. Prior hx of intermittent vomit/inapp and chronic WL over several years with transient improvement in vomit with some diet trials (gastro, LID turkey) UTI in Jan/22 and Jan/23, May/23, E coli each time. Overall vomit improved lately but transient incr with UTI. Pancreatitis likely in Feb 2021 (mod incr PLI, vomiting, inapp)
 Bloods: stage 2/3 CRI since Mar/22. US in Jan 2022 by boarded radiologist:
 See uploaded report for details.
 1) Spleen- elongated and folded but N thickness and echogenicity
 2) Mild gall bladder sediment but otherwise liver and CBD/gall bladder N.
 3) Pancreas N on US
 4) Minimal segmental enteropathy
 5) Marginal gastritis
 6) Colitis
 7) mild kid changes, R sided nonobstructive tiny nephroliths or calcification

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

IMAGING PERFORMED BY Dr. Rosenberg

HOSPITAL NAME Sharon Rosenberg

REFERRING VET London Cat Clinic

INVOICE 13731

DATE 7.18.23

Today's US:
 1) Spleen seemed N on thickness and length but extends across in width more than usual. Vessels enter from dorsal?
 2) Questionable area likely in mesentery that seems to move around or be multiple, from midabdomen starting caudal and lateral to ICJ, over to R lateral, being lateral to R kidney on some angles and heading caudal from ICJ as well - looks like bright mesentery, likely with mes Ln's, near blood vessels. Wasn't able to isolate "where" it was so feel was just midabdominal mesentery. No obv curvilinear attachment to intestines. Nodules within are 0.46 x 0.62 and 0.28 x 0.71 - not hypoechoic but are a bit rounded and irregular. Another angle is more diffuse and measures 0.68 x 2.3.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small, with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident. The urinary bladder wall measured 0.10 cm.

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 2.60 cm / right kidney 2.60 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts evident. Bilateral focal areas of mineralization or small nonobstructive renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size (left 0.47 cm in length x 0.31 cm in width / right 0.55 cm in length x 0.33 cm in width), position, and appearance of the visible peri-renal vasculature.

Spleen

Normal size (0.10 cm) with an elongated shape and a diffuse increased 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.



PATIENT	Liver Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.
Magenta Malton	
SPECIES	Gallbladder The gallbladder is full, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct (0.20 cm).
Feline	
BREED	Gastrointestinal Normal appearance of the stomach (0.27 cm), and colon with no loss of layering and normal wall thickness. Normal thickness of the duodenum (0.25 cm) and small intestine with a prominent hypoechoic appearance of the submucosal layer, but with no loss of layering, maintaining a 1:3 muscularis to mucosal ratio, normal peristaltic activity and no distention of the lumen. Thickening of the ileo-cecal junction (0.40 cm) with a hypoechoic appearance of the submucosal layer. Normal appearance of jejunum (0.33 cm). The pylorus measured 0.31 cm. The ileum measured 0.25 cm.
DLH	
SEX	
Female Spayed	
AGE	Pancreas Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.
17 years	
WEIGHT	Free Abdomen Prominent appearance of the mesenteric lymph nodes (one measuring 0.30 x 0.80 cm) with a rounded shape and hypoechoic appearance. An ileocecal lymph node measured 0.30 x 0.50 cm.
8.5 lbs	
INTERPRETED BY	No ascites evident.
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM	
IMAGING PERFORMED BY	Hyperechogenic appearance of the mesentery. Focal, irregular, mottled echogenic mass within the mesentery (measuring 0.70 x 2.30 cm in size).
Dr. Rosenberg	
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Sharon Rosenberg	Primary Findings
REFERRING VET	<ul style="list-style-type: none"> • Enteropathy • Splenic pathology • Mesenteric lymphadenopathy • Mesenteric inflammation • Mesenteric mass
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INVOICE	Secondary Findings
13731	<ul style="list-style-type: none"> • Age-related renal changes
DATE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
7.18.23	Etiologies for the enteropathy would be dietary hypersensitivity, parasitic enteritis, inflammatory bowel disease, and emerging lymphoma.



PATIENT The most likely etiology for the spleen and lymph nodes would be reactive, with splenitis/lymphadenitis and infiltrative neoplasia differential diagnosis.

Magenta Malton The mesenteric inflammation can be ascribed to the splenic and lymph node, as well as the GIT changes.

SPECIES Etiologies for the mesenteric mass would be abscess, granuloma and neoplasia.

Feline Further assessment would be fecal analysis, cobalamin assay, and FNA cytology of the mesenteric lymph nodes, spleen and mesenteric mass.

BREED

DLH Endoscopy of the upper GI tract can also be considered.

SEX Specific therapy would be dependent on an etiological diagnosis.

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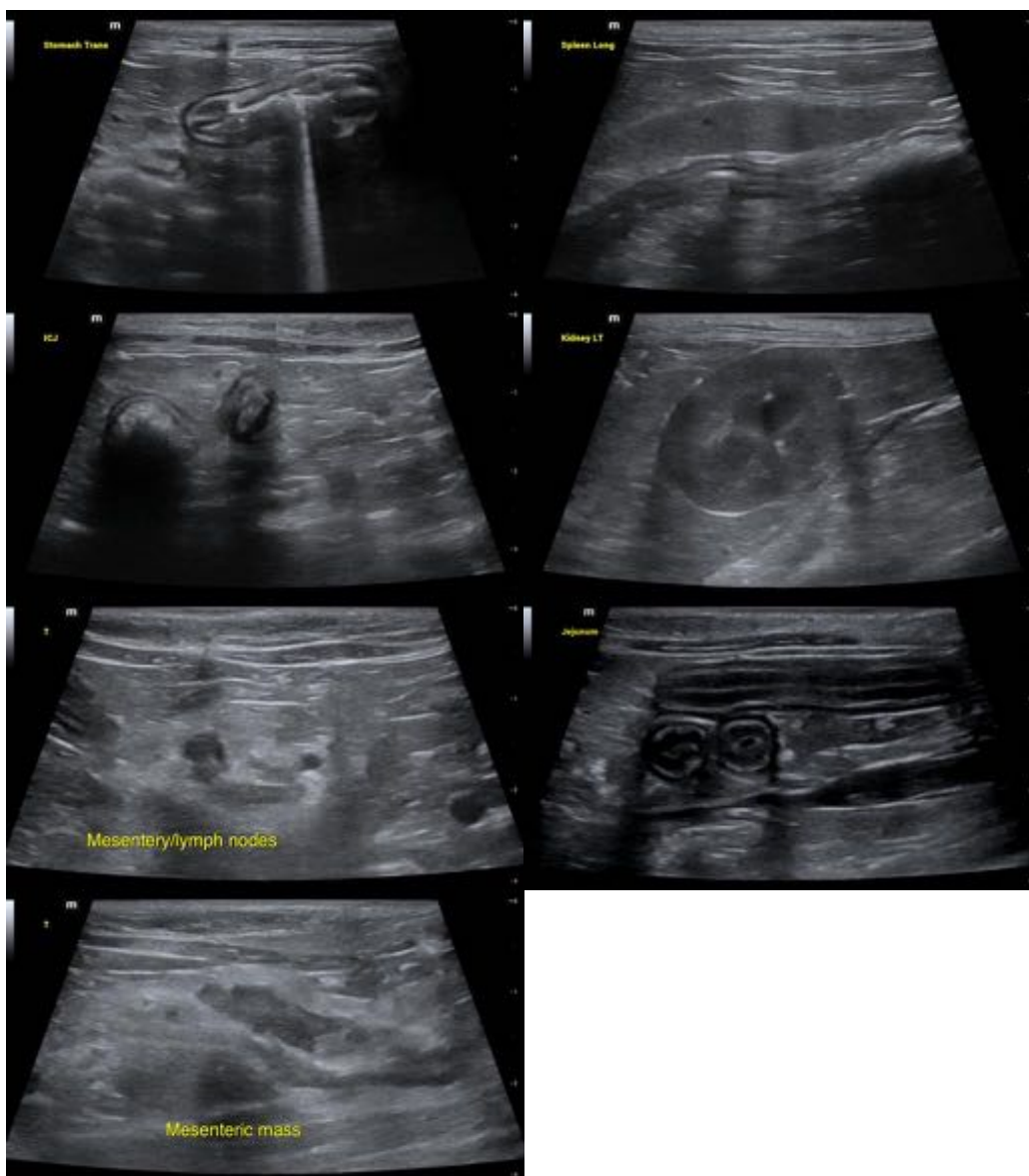
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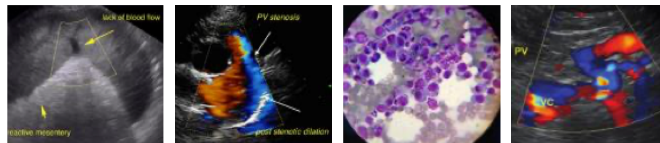
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PATIENT

Magenta Malton

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.

SPECIES

Feline

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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