



PATIENT

Milo Cat All Satos
Rescue

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

3 years

WEIGHT

10 lbs

INTERPRETED BY

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

PRESENTING CLINICAL SIGNS

History: Presented for an abdominal ultrasound. The patient was presented for evaluation of lethargy and sporadic vomiting. The last vomiting was 2 days ago. Had diarrhea last week; diarrhea resolved. Tx: Hospitalized with LRS, Cerenia, sucralfate, renal diet and epakitin
Abnormal PE/Chem/CBC/UA Results: CBC - eosinopenia 0.10 chem - azotemia with crea 11.1 and BUN > 130; hyperphosphatemia 13.8, hyponatremia 149 radiographs - gas at stomach; enlarged kidneys; mineralized opacities at feces USG - 1.008 Feline Leukemia virus positive. FNA of the liver and spleen were done: Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment is present. No uroliths evident. The urinary bladder wall thickness measured 0.1 cm.

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

Iliac lymphadenomegaly with a rounded shape and hypoechoic appearance. The right iliac lymph node measured 0.5 x 2.1 cm. The left iliac lymph node measured 1.0 x 1.7 cm. Ureters not visualized, which can be considered a normal finding.

Bilateral renomegaly with hyperechogenic appearance of the cortex, normal cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 6.1 cm. The right kidney measured 6.2 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature. The left adrenal gland measured 1.1 cm in length. The right adrenal gland measured 1.84 cm in length x 0.43 cm in width.

Spleen

Normal size with a diffuse, mottled and patchy echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. FNA was taken without any obvious post aspirate hemorrhage evident. The spleen measured 0.8 cm.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Hypoechoic, parenchymal nodules are present and measured up to 2.3 cm in size. FNA was taken without any obvious post aspirate hemorrhage evident.

INVOICE

45062

DATE

7/3/23

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Martes

IMAGING PERFORMED BY

Dr. Ferrer



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Gallbladder

The gallbladder is full containing a small amount of hyperechoic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct. Gallbladder wall thickness measured 0.1 cm.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, 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. Thickening of the descending colonic wall was noted with loss of layering. There was no distension of the lumen. The stomach measured 0.25 cm, duodenum measured 0.24 cm and the descending colon measured 0.52 cm.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 0.7 cm and the right pancreas measured 0.7 cm.

Free Abdomen

Mesenteric lymphadenomegaly was noted with a hypoechogenic appearance and rounded shape. The mesenteric lymph node measured 0.5 x 2.9 cm.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral renomegaly.
- Hepatic nodules.
- Colonic thickening.
- Splenic pathology.

Secondary Findings

- Urinary and gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the appearance of the kidneys and spleen the presence of liver nodules and lymphadenomegaly as well as thickening of the colonic wall the most likely diagnosis would be lymphoma and in line with the positive FeLV status of the cat. Differential diagnosis would be granulomatous disease.



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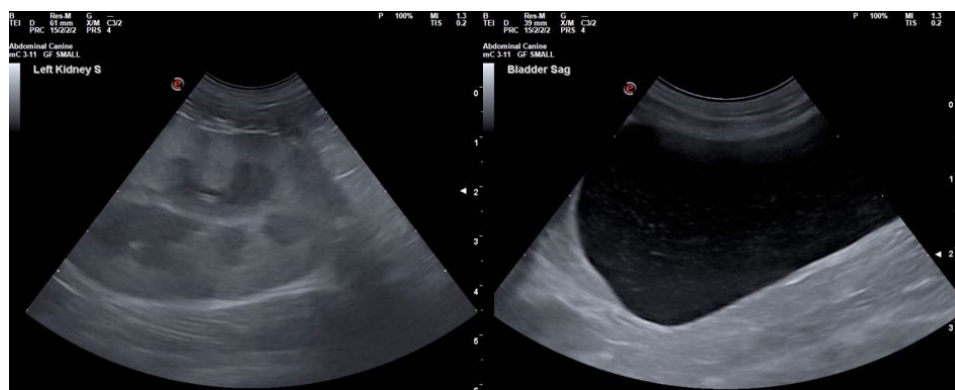
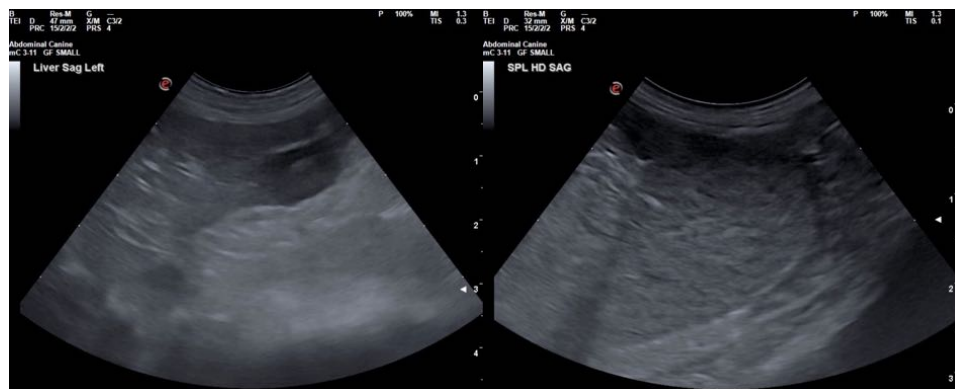
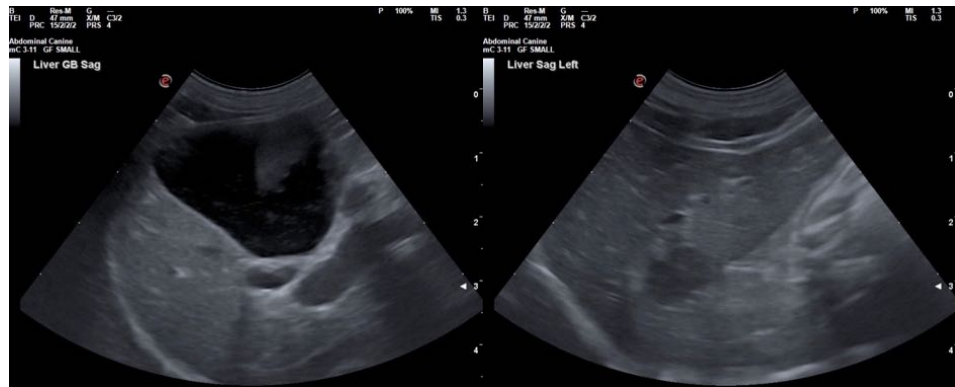
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Further assessment and therapy needs to be based on the pending cytology results, but include FNA cytology of the lymph nodes and kidney if the liver and splenic aspirates are non-diagnostic. Full thickness biopsy of the hepatic nodules, spleen and lymph nodes may be required for a final etiological diagnosis.





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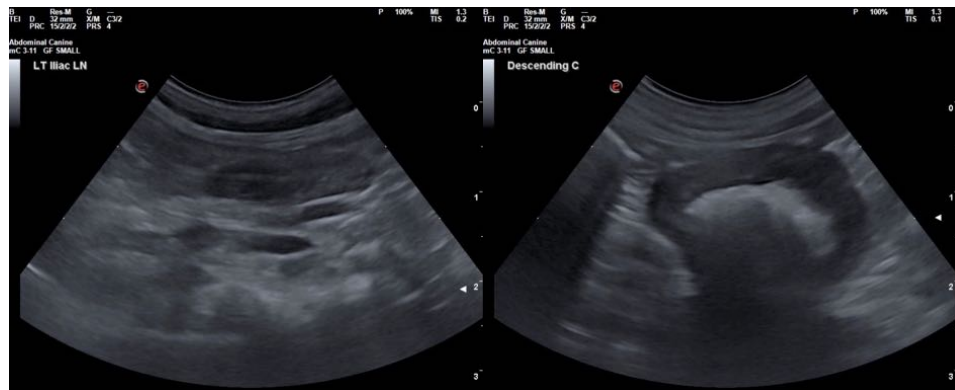
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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