



PATIENT PRESENTING CLINICAL SIGNS

Bebe Morales
SPECIES History: Seen at the family veterinarian on 6/28/23 for poor appetite and weight loss. Started Denamarin and methimazole 2.5mg BID on 6/30, added Ursodiol and mirtazapine. Appetite continues to be poor, patient is vomiting and having diarrhea.

Feline
BREED Abnormal PE/Chem/CBC/UA Results: Bloodwork dated 6/28/23: - high ALT (287), high ALP (1716), high TBili (2.7) - low BUN (12) - high CPK (586) - high cholesterol (236) - high T4 (9.9)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DLH

SEX *Urinary System*

Neutered Male The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

AGE

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

14 years

WEIGHT

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

6 lbs, 1 oz

INTERPRETED BY

Normal renal size (left kidney 4.30 cm) (right kidney 4.00 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis, and capsule. No infarcts, mineralization or renoliths evident.

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

Adrenal Glands

Normal shape, echogenic appearance, size (left 0.39 x 0.34 cm) (right 0.53 x 0.43 cm), position, and appearance of the visible peri-renal vasculature.

IMAGING PERFORMED BY

Spleen

Normal size (0.43 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.

Tudor Suci

HOSPITAL NAME

Liver

Animal Clinic of Queens Enlarged with rounded edged, a diffuse hyperechogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

REFERRING VET

Gallbladder

John Mucera 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.

INVOICE

Gastrointestinal

13575

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. Focal irregular, hypoechoic small intestinal mass measuring 1.90 x 2.80 cm.

DATE

Pancreas

7.6.23

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

Free Abdomen

Normal mesenteric lymph nodes.



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No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Small intestinal mass
- Hepatopathy

Secondary Findings

- Age-related renal changes

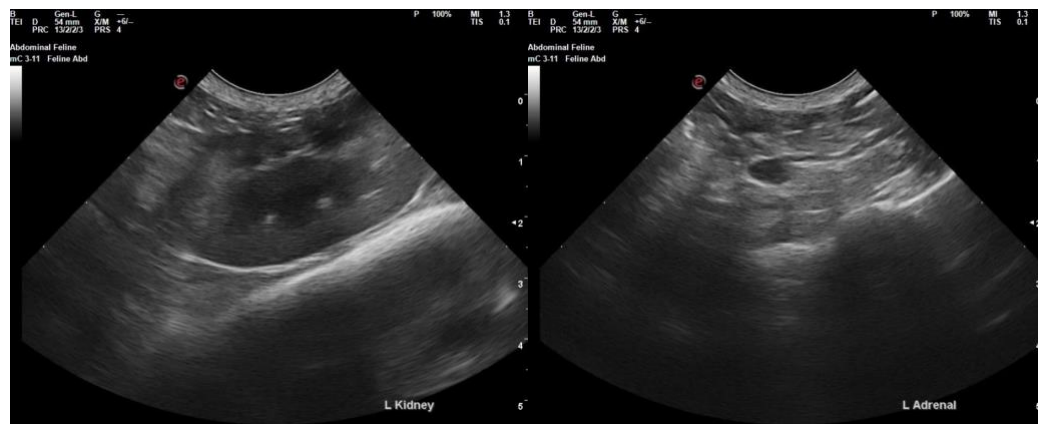
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the small intestinal mass would be neoplasia, with a granuloma a differential diagnosis.

Etiologies for the hepatopathy would be reactive, metabolic, cholangiohepatitis complex, lipidosis and infiltrative neoplasia.

Further assessment would be three-view thoracic radiographs and FNA cytology of the intestinal mass and liver. Laparotomy should be considered, which could be both diagnostic and therapeutic.

Further specific therapy would be dependent on an etiological diagnosis.





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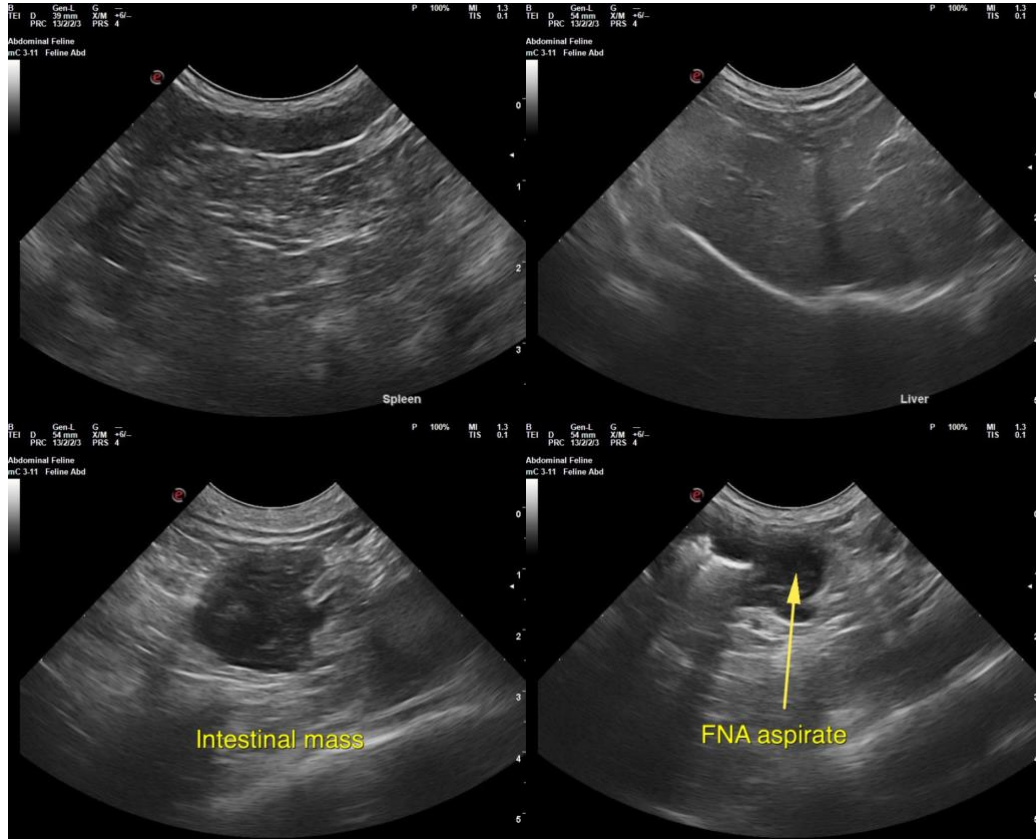
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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