



PATIENT PRESENTING CLINICAL SIGNS

Mia Miller
SPECIES History: 8yo F/S Persian. Has chronic history of intermittent vomiting. Starting on June 1, she has been vomiting intermittently, been lethargic had loose stool a few times. At start of symptoms on June 1 was eating, but since this morning did not eat and vomited up Cerenia. Is currently on Lomustine every 8 weeks for small intestinal mast cell infiltrates (diagnosed July of 2022). Her last dose of Lomustine was 6/27/23, but pet usually tolerates it very well. Referring for ultrasound to evaluate abdominal structures, determine whether any lymph nodes enlarged, rule out possible metastasis vs other GI disease. Lab-work on 7/5 including FPL were unremarkable.

Feline

BREED

Persian

SEX

Female Spayed

AGE

8 years

WEIGHT

10.03 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Schanche

HOSPITAL NAME

TotalBond VH

REFERRING VET

Salmon

INVOICE

13582

DATE

7.6.23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or 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 3.90 cm / right kidney 3.90 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 1.12 cm in length x 0.38 cm in width / right 0.81 cm in length x 0.29 cm in width), position, and appearance of the visible peri-renal vasculature.

Spleen

Normal size (0.50 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, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full, containing small amount of hyperechogenic sediment. 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 (0.50 cm), duodenum (0.23 cm), small intestine (0.26 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 with an increased echogenic appearance and regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.



PATIENT No ascites evident.

Mia Miller **ULTRASONOGRAPHIC FINDINGS**

SPECIES Findings

Feline • Pancreatic fibrosis

BREED • Gall bladder sediment

Persian

SEX

Female Spayed

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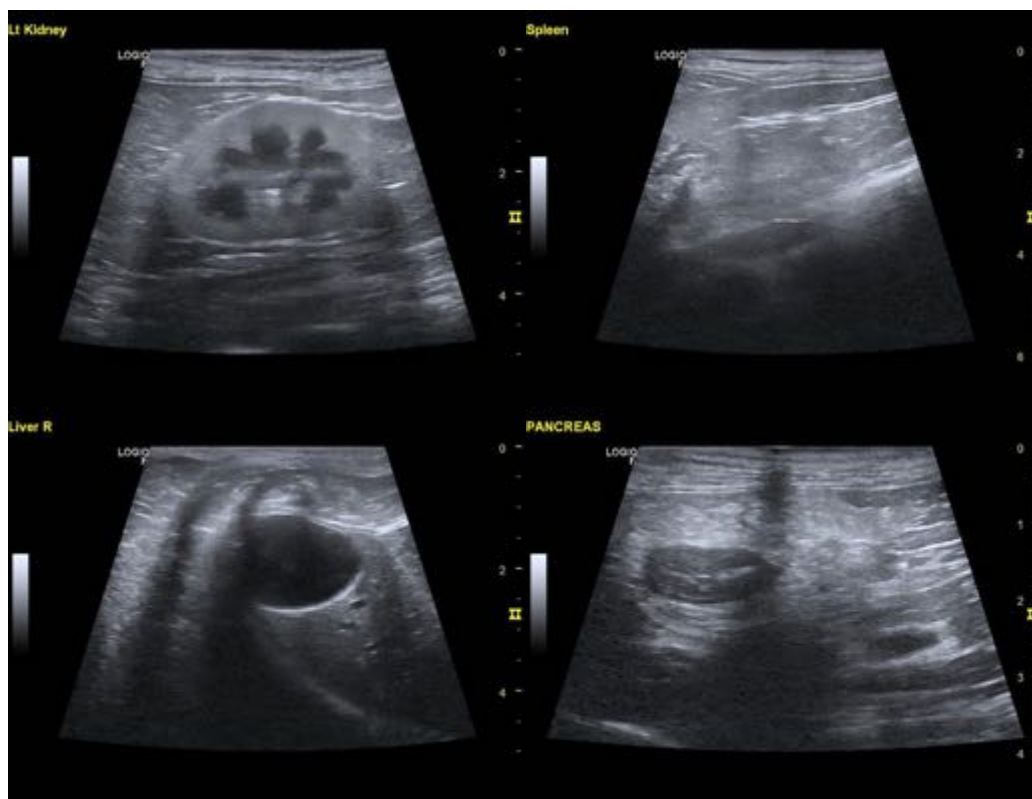
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence, a normal ultrasound examination of the abdomen, with no obvious etiology for the presenting clinical signs. Although the GIT tract appears ultrasonographically normal, with the intermittent vomiting, inflammatory bowel disease, parasitic enteritis and dietary hypersensitivity, need to be considered.

Further assessment would be fecal analysis, cobalamin assay, and possibly endoscopy of the upper GI tract.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be feeding a hypoallergenic/novel protein diet, cobalamin supplementation, course of Fenbendazole, and possibly prednisolone.





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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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