

PATIENT PRESENTING CLINICAL SIGNS

Marge Wisnieski
History: Hyperthyroid since 11/20 and managed with Y/D diet. DJD managed with polyglycan, Cosequin, and Onsior. Blood work in June showed mildly elevated ALT activity and urea with T4 in the reference range. Recent onset PuPd and vomiting.

SPECIES

Feline

Physical Examination: Normal, including blood pressure.

Urinalysis: SG 1.016, 3+ blood, microalbuminuria, cocci. Negative bacterial culture.

BREED

DMH

Previous CBC: N/A.

Previous Serum Azotemia, elevated ALT activity and phosphate, hypokalemia.

SEX

FS

Radiographic Findings: Small right kidney.

AGE

14 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

WEIGHT

10.7 #

Normal trigone area, proximal urethra, and iliac blood vessels.

INTERPRETED BY

Normal iliac lymph nodes. Ureters not visualized.

Remo Lobetti, BVSc,
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ECVIM

Normal size (left 3.8 cm, right 3.2 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, irregular capsule, and normal blood flow and pelvis. Small incidental medullary cyst in the left kidney.

IMAGING PERFORMED BY

Adrenal Glands

Dr Gromalak

Poorly visualized but appear to be of normal size, shape, position, and echogenic appearance.

HOSPITAL NAME

Spleen

SVS Imaging

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

REFERRING VET

Dr Bloss

Liver

INVOICE

Normal size with increased echogenic appearance, and some loss of portal markings. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal echogenic and thickness of the gall bladder wall. Normal bile duct.

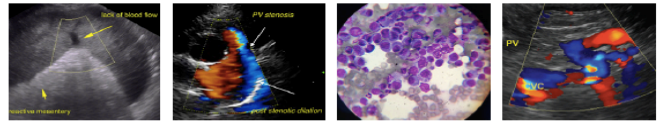
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Gastrointestinal

DATE

8/23/21

Normal appearance of the pylorus, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and no lumen distension.



PATIENT *Pancreas*

Marge Wisnieski Normal size and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Feline No mesenteric lymphadenomegaly.
No ascites.

BREED

DMH

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

SEX

FS

- Renal disease.
- Hepatopathy.

AGE

14 years

Secondary Findings:

- None.

WEIGHT

10.7 #

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is typical for chronic kidney disease with bacterial nephritis and acute kidney injury, differential diagnoses.

INTERPRETED BY

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Etiologies for the hepatopathy would be reactive, metabolic secondary to the hyperthyroidism, cholangio-hepatitis complex, and lipidosis with infiltrative neoplasia a far less likely differential diagnosis.

IMAGING PERFORMED BY

Dr Gromalak

Although the appearance of the pancreas appears normal, pancreatitis should still be considered.

HOSPITAL NAME

SVS Imaging

From the history and previous blood work, this would appear to an acute exacerbation of renal disease – acute kidney injury superimposed on chronic kidney disease.

REFERRING VET

Dr Bloss

Further assessment would be fPL/PSL assay and FNA cytology of the liver.

INVOICE

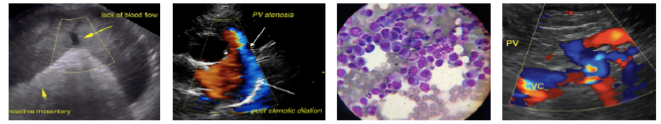
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Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be to discontinue the Onsior, fluid therapy, anti-emetics (metoclopramide), gastric protectants (sucralfate, omeprazole), and ursodiol.

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If there is a satisfactory improvement then continuing with the current y/d diet would be recommended. However, if there is not a satisfactory improvement in renal function, then the patient would need to be managed with a renal diet, ACE inhibitor/receptor blocker, and enteric phosphate binders; and the hypothyroidism with methimazole.



PATIENT IMAGES

Marge Wisnieski **Kidney**

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

14 years

WEIGHT

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Liver

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IMAGING PERFORMED BY

Dr Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr Bloss



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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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