



PATIENT

Newman Schellfers

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16 years

WEIGHT

6 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sonya Myers, DVM

HOSPITAL NAME

Treasure Coast
Animal Emergency

REFERRING VET

Dr Cail

INVOICE

302574

DATE

9/28/21

PRESENTING CLINICAL SIGNS

History: Anorexia past 4 days.

Physical Examination: Renomegaly.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Normal trigone area, proximal urethra and iliac blood vessels.

Normal iliac lymph nodes. Dilated ureters (left 0.6 cm, right 0.9 cm) with visible ureteroliths. Left 0.4 cm, right 0.2 cm.

Bilateral renomegaly (left 5.9 cm, right 5.1 cm) as a result of hydronephrosis (left pelvis 3.3 cm, right 3.7 cm) Both kidneys have an Increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule. Hyperechogenic appearance of the peri-renal mesentery.

Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 0.52 cm, right 0.45 cm.

Spleen

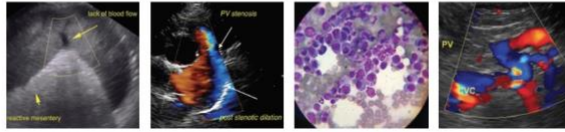
Normal size (0.8 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted. Incidental myelolipomas.

Liver

Normal size with a diffuse hypoechoic appearance, and some loss of portal markings. Small hypoechoic parenchymal nodule (0.7 cm) in the left lobe. No masses evident. Small gall bladder small amount of hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.17 cm).

Gastrointestinal

Normal appearance of the pylorus, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering and normal wall thickness (duodenum 0.31 cm, jejunum 0.35 cm) and peristalsis, and no distension of the lumen.



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Pancreas

Normal size (left 0.9 cm, right 0.8 cm) with a diffuse hypoechoic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes
Small amount of acellular ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Bilateral hydronephrosis.
- Bilateral dilated ureters with ureteroliths.
- Hepatopathy.
- Hepatic nodule.
- Pancreatitis?
- Ascites.

Secondary findings:

- Gall bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys, dilated ureters with the presence of ureteroliths, and hyperechogenic appearance of the peri-renal tissue is consistent with bilateral obstructive uropathy, however, not a complete obstruction as the urinary bladder is distended.

Etiologies for the hepatopathy would be age-related, reactive, hyperplasia, cholangio-hepatitis complex, and infiltrative neoplasia.

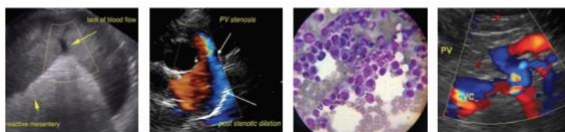
The most likely etiology for the hepatic nodule would be reactive hyperplasia with hematoma, neoplasia, granuloma, abscess, differential diagnoses.

Although the appearance of the pancreas may be an incidental finding, emerging pancreatitis should be considered.

The ascites can be ascribed to the renal changes.

Further assessment would be urinalysis, serum biochemistry, and fPL/PSL assay.

Ideally therapy for the obstructive uropathy would be SUB, however, fluid therapy alone may result in dislodgement of the ureteroliths.



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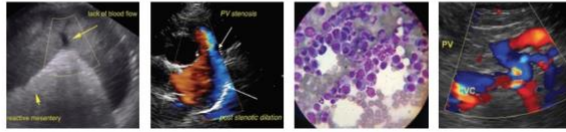
IMAGES

Liver



Left kidney





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Left ureter

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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)
 rlobetti@mweb.co.za