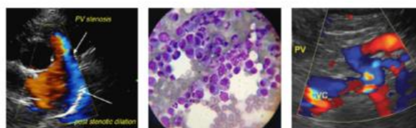
IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Sydney Wirkus

SPECIES
Feline

BREED
Maine Coon

SEX
MN

AGE
16 years

WEIGHT
4.5 kg

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

IMAGING PERFORMED BY
Tom McNeill

HOSPITAL NAME
SVS Imaging CT

REFERRING VET
WVRC – Dr Witzel

INVOICE
303484

DATE
10/15/22

PRESENTING CLINICAL SIGNS

History: Progressive weakness, lethargy, ataxia, and hyporexia. History of diabetes, constipation, HCM, pacemaker, renal disease, pancreatitis.

Physical Examination: Hyperesthesia mid-thoracic spine.

Previous Urinalysis: SG 1.025, glucosuria.

Previous CBC: Mild anemia.

Previous Serum Biochemistry: Azotemia, hyperglycemia, elevated fPL.

Previous Radiographic Findings: Static pulmonary nodule.

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.

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.2 cm, right 4 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, and normal pelvis and capsule. Cortical cyst (0.4 cm) in the cranial pole of the right kidney.

Reproductive System

N/A.

Adrenal Glands

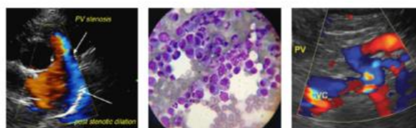
Normal shape, echogenic appearance, position, and size. Right 0.48 cm.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Two focal parenchymal nodules – one in the left lobe (0.5 x 0.7 cm and hyperechogenic) and the other in the right lobe (0.2 cm and hypoechogenic). No masses evident. Full gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Dilated (0.4 cm) and tortuous bile duct.



PATIENT

Sydney Wirkus

SPECIES

Feline

BREED

Maine Coon

SEX

MN

AGE

16 years

WEIGHT

4.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC – Dr Witzel

INVOICE

303484

DATE

10/15/22

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, and ileo-cecal junction, with no loss of layering, normal wall thickness (stomach 0.24 cm, duodenum 0.21 cm, jejunum 0.26 cm) and peristaltic activity, and no distension of the lumen. Focal thickening of the wall of the distal colon (0.7 x 2.3 cm) with a hypoechogenic appearance and loss of layering. Rest of the colon has segmental thickening (up to 0.32 cm). Large amount of fecal material within the colon.

Pancreas

Normal size (left 0.9 cm, right 0.8 cm) with a hyperechogenic appearance. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Renal disease.
- Pancreatitis.
- Colonic disease.

Secondary Findings:

- Dilated bile duct.
- Hepatic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic kidney disease with bacterial nephritis a differential diagnosis.

The appearance of the pancreas is typical for chronic pancreatitis; however, chronic-active pancreatitis needs to be considered.

Etiologies for the colon would be helminths, colitis, granulomatous disease, and neoplasia.

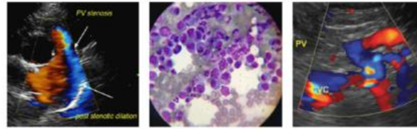
Both the dilated bile duct and hepatic nodules can be considered incidental findings.

Besides, pancreatitis, the presenting signs of progressive weakness, lethargy, ataxia, and hyporexia are unlikely associated with the abnormal findings on this ultrasound

Further assessment would be urine and fecal analyses, urine culture, CBC, serum biochemistry, electrolytes, fPL/PSL assay, blood pressure, and ideally colonoscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Sydney Wirkus

SPECIES

Feline

BREED

Maine Coon

SEX

MN

AGE

16 years

WEIGHT

4.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC – Dr Witzel

INVOICE

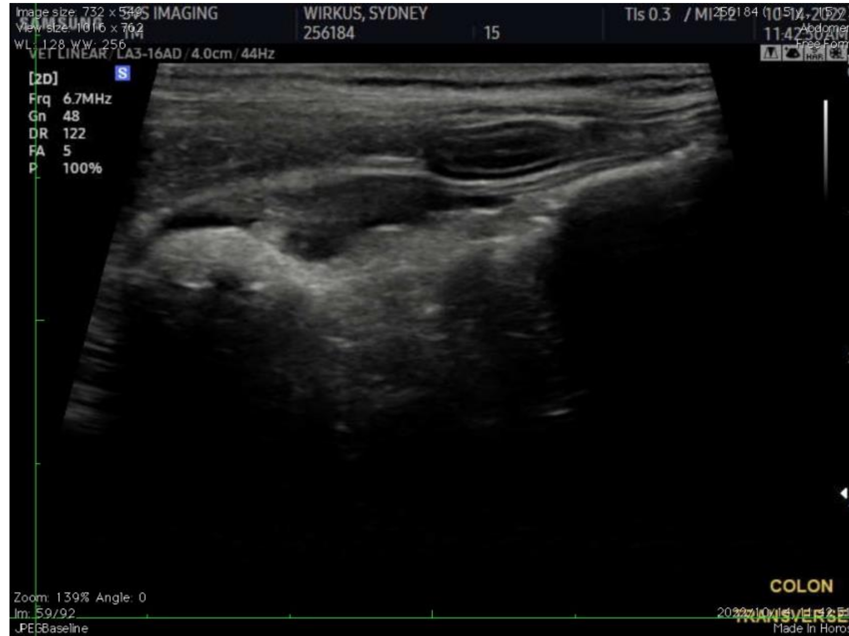
303484

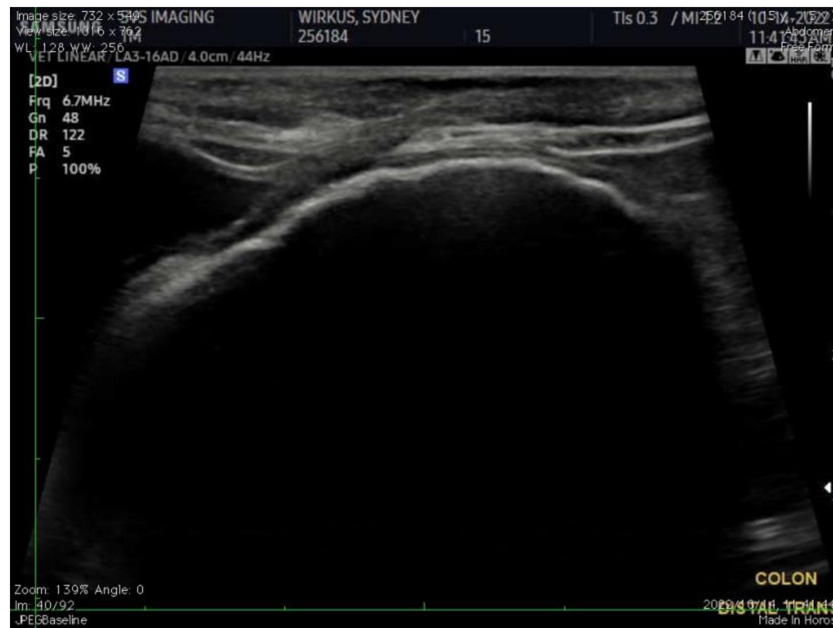
DATE

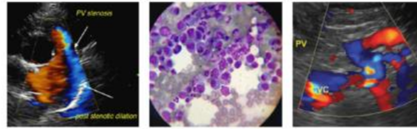
10/15/22

IMAGES

Colon







PATIENT

Sydney Wirkus

SPECIES

Feline

BREED

Maine Coon

SEX

MN

AGE

16 years

WEIGHT

4.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC – Dr Witzel

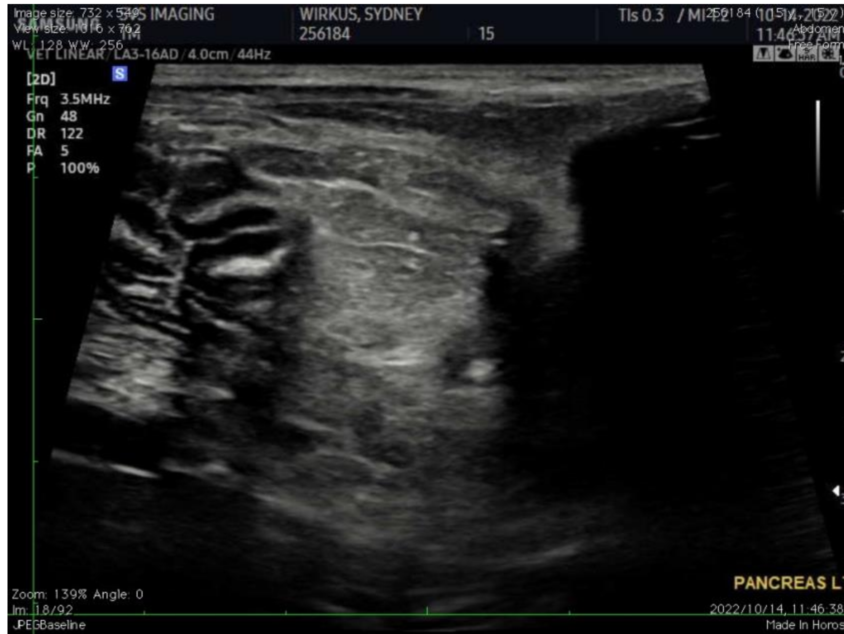
INVOICE

303484

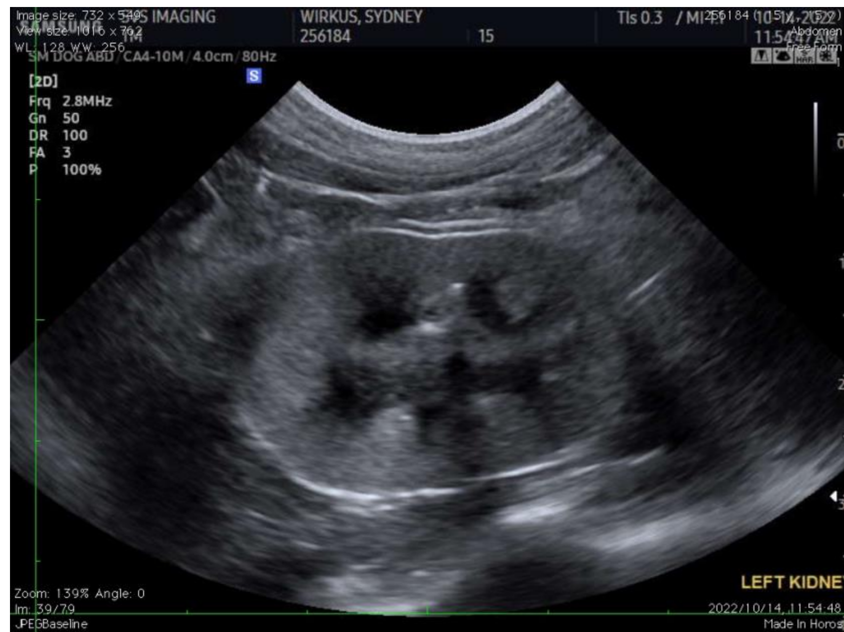
DATE

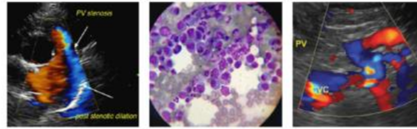
10/15/22

Pancreas



Left kidney





PATIENT

Sydney Wirkus

SPECIES

Feline

BREED

Maine Coon

SEX

MN

AGE

16 years

WEIGHT

4.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC – Dr Witzel

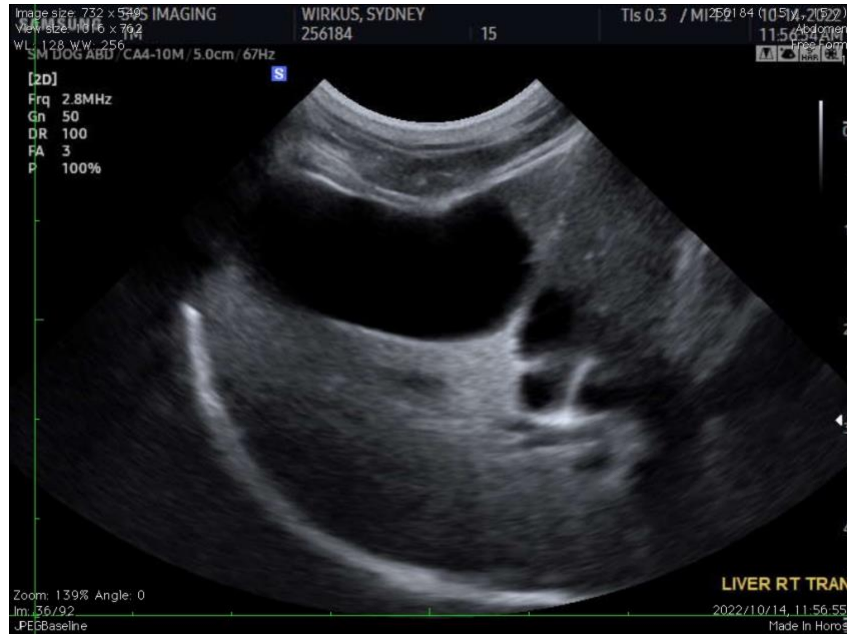
INVOICE

303484

DATE

10/15/22

Bile duct



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