

PATIENT PRESENTING CLINICAL SIGNS

Zira Funchion History: Urinating and defecating outside the litter box, possibly behavioral. Previous history of kidney disease and UTI.

SPECIES Physical Examination: N/A.

Feline Urinalysis: N/A.

BREED CBC: Anemia.
Serum Biochemistry: N/A.
Radiographic Findings: N/A.

SEX

FS

Age

18 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

5.5 #

Normal trigone area, proximal urethra (0.2 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

INTERPRETED BY

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ECVIM

Small kidneys (left 2.8 cm, right 2.7 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, and normal capsule. Bilateral pyelectasia (left 0.4 cm, right 0.3 cm).

Reproductive System

N/A.

IMAGING PERFORMED BY

Sonya Myers, DVM

Adrenal Glands

Normal position echogenic appearance, shape, and size. Left 0.36 cm, right 0.36 cm.

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Spleen

Normal size (0.5 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

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Dr Rivera

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.1 cm).

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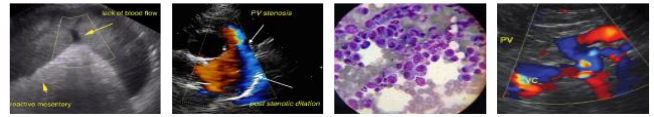
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Gastrointestinal

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10/18/22

Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (colon 0.14 cm) and peristaltic activity, and no distension of the lumen. Thickening of the duodenum (0.34 cm) and small intestine (0.35 cm) with a prominent hypoechoic appearance of the submucosal layer but with no loss of layering or distension of the lumen.



PATIENT *Pancreas*

Zira Funchion Enlarged (right 1.2 cm, left 1.6 cm) and irregular with a hypoechogenic and nodular appearance. Nodules are hypoechogenic, diffuse and parenchymal. Visible pancreatic duct. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES

Feline

Free Abdomen

BREED

Normal mesenteric lymph nodes (1.1 cm).
No ascites.

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings:

FS

Age

- Pancreatitis.
- Renal disease.
- Enteropathy.

18 years

Secondary Findings:

WEIGHT

- None.

5.5 #

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the pancreas would be acute pancreatitis, chronic-active pancreatitis, and neoplasia.

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The appearance of the kidneys is consistent with chronic kidney disease with pyelonephritis and bacterial nephritis differential diagnoses.

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Etiologies for the enteropathy would be secondary to the pancreatitis, non-specific gastro-enteritis (viral, bacterial, protozoal, helminths), inflammatory bowel disease, dietary hypersensitivity, and emerging lymphoma.

Sonya Myers, DVM

HOSPITAL NAME

Further assessment would be urine and fecal analyses, urine culture, renal function, fPL/PSL assay, cobalamin assay, FNA cytology of the pancreas, and possibly endoscopy of the upper GI tract with biopsies. Additional assessment of the kidneys would be blood pressure and UPC, the latter if urine culture and sediment are negative.

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be diet (ideally low-fat intestinal diet but taking renal disease into consideration as should be on renal diet), course of fenbendazole, cobalamin supplementation, and possibly prednisolone.

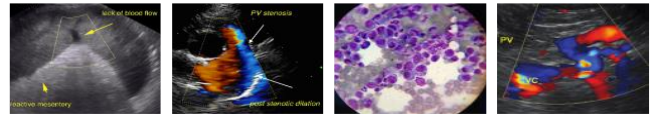
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PATIENT

Zira Funchion

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IMAGES

Left kidney



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Pancreas

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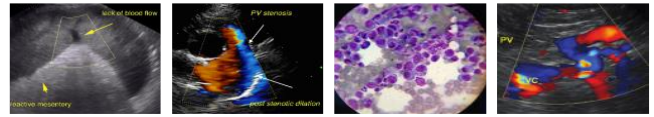
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PATIENT Small intestine

Zira Funchion

SPECIES

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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.

IMAGING PERFORMED BY

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