



PATIENT PRESENTING CLINICAL SIGNS

Grace Wilson
History: DKA.
Physical Examination: N/A.
SPECIES
Feline
Urinalysis: Glycosuria and ketonuria.
CBC: Monocytosis.

BREED
DSH
Serum Biochemistry: Elevated ALT and GGT activity, glucose, and bilirubin. Low potassium, phosphate, and chloride. Abnormal fPL.
Radiographic Findings: N/A.

SEX

FS

Age

12 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

Normal trigone area, proximal urethra (0.3 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

INTERPRETED BY

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

Normal size of left kidney (4.1 cm), enlarged right kidney (4.5 cm) both with normal echogenic appearance, cortico-medullary differentiation, and capsule. Bilateral pyelectasia (left 0.3 cm, right 0.2 cm). Hyperechogenic appearance of the peri-renal fat and mesentery.

Reproductive System

N/A.

Adrenal Glands

Normal position, echogenic appearance, shape, and size. Left 0.48/0.43 cm, right 0.42/0.49 cm.

Spleen

Normal size (0.7 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Enlarged with rounded edges, diffuse hyperechogenic appearance, loss of 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 (0.2 cm).

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

REFERRING VET

Dr Caja

INVOICE

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DATE

12/1/22


PATIENT *Gastrointestinal*

Grace Wilson

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.31 cm, duodenum 0.2 cm, jejunum 0.29 cm, colon 0.19 cm) and peristaltic activity, and no distension of the lumen.

SPECIES

Feline

Pancreas

Enlarged (right 0.7 cm, left 0.4 x 3.6 cm) with a diffuse hypoechogenic appearance and irregular capsule. Nodular appearance of the left lobe. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

BREED

DSH

Free Abdomen
SEX

Normal mesenteric lymph nodes (0.4 x 3.6 cm).

FS

Small amount of ascites.

Age

12 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

WEIGHT

- Nodular pancreatitis.
- Hepatopathy.
- Renal disease.

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Secondary Findings:

- None.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
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The most likely etiology for the pancreas would be pancreatitis with neoplasia, an unlikely differential diagnosis.

Sonya Myers, DVM

HOSPITAL NAME

Etiologies for the hepatopathy would be secondary to the diabetes and pancreatitis, cholangio-hepatitis complex, lipidosis, granulomatous disease, and infiltrative neoplasia.

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Etiologies for the renal disease would be acute kidney injury, bacterial nephritis, and pyelonephritis.

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Dr Caja

Further assessment would be urine culture quantitative fPL or PSL assay, and possibly FNA cytology of the liver and pancreas.

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Management would be fluid therapy, correction of the electrolyte anomalies, insulin therapy, nutritional support (possibly via tube feeding), analgesics, and anti-emetics.

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PATIENT IMAGES

Grace Wilson **Liver**

SPECIES

Feline

BREED

DSH

SEX

FS

Age

12 years

WEIGHT



INTERPRETED BY Pancreas

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

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Sonya Myers, DVM

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PATIENT Right kidney

Grace Wilson

SPECIES

Feline

BREED

DSH

SEX

FS

Age

12 years

WEIGHT



INTERPRETED BY

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

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

Sonya Myers, DVM

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
rlobetti@mweb.co.za

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 Emergency

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