


PATIENT PRESENTING CLINICAL SIGNS

Zelda Arroyo

History: Chronic vomiting with more recent onset anorexia, weight loss, and lethargy.

SPECIES

Physical Examination: Poor body condition, sarcopenia.

Feline

Urinalysis: Normal.

CBC: Neutropenia.

BREED

Serum Biochemistry: Elevated GGT activity, bilirubin, and amylase.

DSH

Radiographic Findings: N/A.

SEX
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS

Urinary System
Age

Full urinary bladder with a normal thickness and appearance of the wall. Small amount of floating hyperechogenic sediment present. No uroliths evident.

7 years

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

WEIGHT

2.4 kg

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.4 cm, right 3.5 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

INTERPRETED BY
Reproductive System

 Remo Lobetti, BVSc,
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N/A.

Adrenal Glands

Normal position, echogenic appearance, shape, and size. Left 0.28 cm, right 0.28/0.3 cm.

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.

Liver

Enlarged with rounded edges, increased echogenic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

 Alpine 24 Hour Pet
Hospital

REFERRING VET

Dr Nielsen

INVOICE

303693

DATE

12/22/22



PATIENT *Gastrointestinal*

Zelda Arroyo

SPECIES

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DSH

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Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen. Prominent hypoechogenic appearance of the submucosal layer and thickening of the muscular layer of the duodenum and small intestine with no loss of layering or distension of the lumen. Ingesta and fluid within the stomach.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Prominent mesenteric lymph nodes (0.38 cm) with a rounded shape and hyperechogenic appearance.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Enteropathy.
- Hepatopathy.
- Mesenteric lymphadenomegaly.

Secondary Findings:

- Gall and urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be inflammatory bowel disease, parasitic enteritis, dietary hypersensitivity, granulomatous enteritis, and emerging lymphoma.

Etiologies for the hepatopathy would be reactive, metabolic, cholangio-hepatitis complex, early lipidosis, and infiltrative neoplasia.

The most likely etiology for the lymph nodes would be reactive, with lymphadenitis and infiltrative neoplasia, differential diagnoses.

Further assessment would be urine and fecal analysis, T4, cobalamin, and fPL/PSL assay, FNA cytology of the liver and lymph nodes, and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on etiological diagnosis. Symptomatic therapy would be novel protein/hypoallergenic diet, course of fenbendazole, cobalamin supplementation, and possibly prednisolone.



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IMAGES

Small intestine



Stomach





PATIENT

Liver

Zelda Arroyo

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Mesenteric lymph node



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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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