



PATIENT PRESENTING CLINICAL SIGNS

Lila Brzoza History: Vomiting past few days with anorexia. Previous history of constipation.

SPECIES Physical Examination: Icterus.

Feline Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

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. Moderate amount of hyperechogenic floating sediment present. No uroliths evident.

WEIGHT Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels.

11 # Normal iliac lymph nodes. Ureters not visualized.

Renomegaly (both 4.3 cm) with decreased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

INTERPRETED BY **Reproductive System**

N/A.

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Adrenal Glands

Normal position with a hypoechogenic appearance, rounded shape, and enlarged. Left 0.63/0.5 cm, right 0.53/0.49 cm.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME **Spleen**

Enlarged (1.4 cm) with normal echogenic appearance and irregular capsule. Smooth homogenous parenchyma and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

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REFERRING VET **Liver**

Enlarged with rounded edges, mottled echogenic appearance, and regular curvilinear capsule. Intra-hepatic biliary mineralization and cholelithiasis (0.8 cm) and dilated intra-hepatic biliary ducts. No nodules or masses evident. Distended gall bladder containing large amount of hyperechogenic sediment. Thickened and hyperechogenic appearance of the gall bladder wall. Severely dilated (1.5 cm) and tortious appearance of the bile duct containing multiple choleliths (1.6 cm).

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DATE

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PATIENT

Gastrointestinal

Lila Brzoza

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.24 cm, jejunum 0.32, colon 0.18 cm) and peristaltic activity, and no distension of the lumen.

SPECIES

Feline

Pancreas

BREED

DSH

Enlarged (right 1.1 cm, left 1.1 cm) with hypoechogenic appearance. Regular capsule. Severely dilated pancreatic duct (0.6 cm). Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

FS

Free Abdomen

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

Age

12 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

WEIGHT

11 #

- Bile duct obstruction.
- Hepatopathy.
- Pancreatitis.
- Acute kidney injury.
- Splenomegaly.
- Bilateral adrenomegaly.

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Secondary Findings:

- Urinary bladder sediment.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the bile duct and gall bladder is typical for an obstruction and could account for the hepatopathy, pancreatitis, reactive splenomegaly, and acute kidney injury.

Other etiologies for the liver would be cholangio-hepatitis complex, lipidosis, granulomatous disease, and infiltrative neoplasia; and for the spleen, splenitis and infiltrative neoplasia.

REFERRING VET

Dr Cosgriff

The most likely etiology for the adrenomegaly would be disease stress with emerging adrenal hyperplasia/Conn's syndrome a differential diagnosis.

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

Specific therapy would be laparotomy to address the bile obstruction, which would also allow for biopsy of the liver and spleen.

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PATIENT IMAGES

Lila Brzoza **Liver**

SPECIES

Feline

BREED

DSH

SEX

FS

Age

12 years

WEIGHT

11 #



Gall bladder

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IMAGING PERFORMED BY

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HOSPITAL NAME

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REFERRING VET

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PATIENT Bile duct

Lila Brzoza

SPECIES

Feline

BREED

DSH

SEX

FS

Age

12 years

WEIGHT

11 #



Pancreas

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PATIENT Spleen

Lila Brzoza

SPECIES

Feline

BREED

DSH

SEX

FS

Age

12 years

WEIGHT

11 #

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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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