

PATIENT

Chevron Owenby

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

20 years

WEIGHT

7.3 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Heron Lakes Animal
Hospital

REFERRING VET

Dr Lera

INVOICE

303919

DATE

2/22/23

PRESENTING CLINICAL SIGNS

History: Elevated amylase.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: Elevated amylase.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Normal trigone area, proximal urethra (0.1 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (both 3.4 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule. Normal right pelvis, left pyelectasia (0.6 cm).

Reproductive System

N/A.

Adrenal Glands

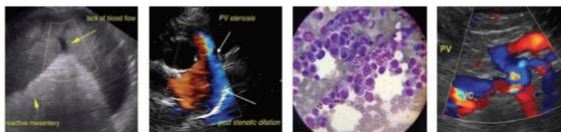
Normal echogenic appearance and position with rounded shape and enlarged. Both 0.57 cm.

Spleen

Normal size (0.9 cm) 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. 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.



PATIENT

Gastrointestinal

Chevron Owenby

Normal appearance of the gastro-esophageal junction, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.3 cm, jejunum 0.26 cm) and peristaltic activity, and no distension of the lumen.

SPECIES

Feline

BREED

DSH

Pancreas

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

SEX

MN

Free Abdomen

Prominent mesenteric lymph nodes (1.3 cm) with normal shape and echogenic appearance.

AGE

20 years

No ascites.

WEIGHT

7.3 #

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Renal disease.
- Bilateral adrenomegaly.
- Lymphadenomegaly.

INTERPRETED BY

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

Secondary findings:

- Urinary bladder sediment.

IMAGING PERFORMED BY

Lara Wiseman, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS IMAGES

Although the appearance of the kidneys may be age-related, chronic kidney disease and left-sided pyelonephritis and obstructive uropathy needs to be considered.

HOSPITAL NAME

Heron Lakes Animal
Hospital

Etiologies for the adrenal glands would be disease stress, Cohn's syndrome (hyperplasia or neoplasia), and Cushing's disease.

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

REFERRING VET

Dr Lera

Further assessment would be urine analysis and urine culture and possibly ACTH stimulation test and aldosterone assay.

INVOICE

303919

Specific therapy would be dependent on an etiological diagnosis.

DATE

2/22/23



PATIENT

Chevron Owenby

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

20 years

WEIGHT

7.3 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Heron Lakes Animal
Hospital

REFERRING VET

Dr Lera

INVOICE

303919

DATE

2/22/23

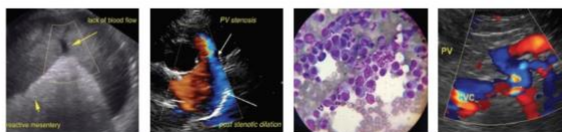
IMAGES

Left kidney



Left adrenal





PATIENT

Chevron Owenby

Mesenteric lymph node

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

20 years

WEIGHT

7.3 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Heron Lakes Animal
Hospital

REFERRING VET

Dr Lera

INVOICE

303919

DATE

2/22/23



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