



PATIENT

Honey
Fellman

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12 year

WEIGHT

12 #

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Lara Wiseman, DVM

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

INVOICE

302785

DATE

2/28/22

PRESENTING CLINICAL SIGNS

History: Respiratory distress. Diabetic – on Prozac.

Physical Examination: Chylous pleural effusion.

Urinalysis: N/A.

CBC: Inflammatory leukogram.

Serum Biochemistry: Azotemia.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal appearance and thickness of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra (0.15 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.7 cm, right 3.3 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, irregular capsule, and normal pelvis. Cortical infarcts in the cranial pole of the left kidney and in the caudal pole of the right kidney.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.48 cm, right 0.5 cm

Spleen

Normal size (0.4 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct.



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.24 cm, duodenum 0.23 cm, jejunum 0.27 cm) and peristalsis, and no distension of the lumen.

Pancreas

Enlarged (right 1.3 cm, left 1 cm) with a mottled echogenic appearance. Irregular capsule. Multiple anechoic parenchymal cyst/nodules. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

Thorax

Pleural effusion.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Renal disease.
- Pancreatitis.
- Pleural effusion.

Secondary findings:

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

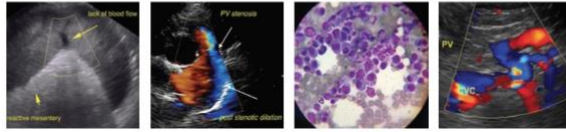
The appearance of the kidneys is consistent with chronic kidney disease.

The appearance of the pancreas is typical for pancreatitis. Although the pancreatic cysts/nodules may be part of the pancreatitis, abscessation and neoplasia needs to be considered.

Etiologies for the chylous pleural effusion would be cardiac disease, neoplasia, idiopathic, and trauma.

Further assessment would be evaluation of the pleural effusion, 3-view thoracic radiographs, fPL/PSL assay, and FNA cytology of the pancreas. CT scan of the thorax and abdomen could be considered.

Specific therapy would be dependent on an etiological diagnosis. With the presenting clinical signs, drainage of the thoracic cavity would be indicated.



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IMAGES

Left kidney



Pancreas



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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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