

PATIENT PRESENTING CLINICAL SIGNS

Tux Summerfield History: DKA, azotemia. Progressive deterioration despite therapy.

SPECIES Physical Examination: N/A.

Feline Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

DSH Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN **Urinary System**

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

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

WEIGHT Normal iliac lymph nodes. Ureters not visualized.

12 # Renomegaly (left 4.9 cm, right 5.3 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, pyelectasia (left 0.6 cm, right 0.4 cm), and normal capsule. Cortical cyst in right kidney.

INTERPRETED BY **Reproductive System**

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

N/A.

IMAGING PERFORMED BY **Adrenal Glands**

Sonya Myers, DVM Normal position, echogenic appearance, shape, and size. Left 0.42 cm, right 0.48 cm.

HOSPITAL NAME **Spleen**

Oviedo Veterinary Care and Emergency Normal size (0.8 cm) and echogenic appearance. Smooth homogenous parenchyma, normal vasculature, and regular curvilinear capsule. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

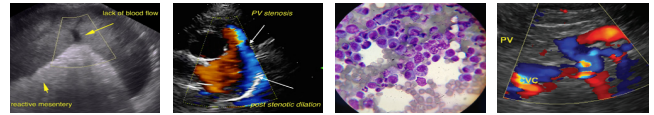
REFERRING VET **Liver**

Dr Osman 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 (0.3 cm).

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DATE

2/7/23



PATIENT

Tux Summerfield

SPECIES

Feline

BREED

DSH

SEX

MN

Age

12 years

WEIGHT

12 #

INTERPRETED BY

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MMedVet (Med), PhD, Dipl.
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IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

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Gastrointestinal

Normal appearance of the duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.26 cm, colon 0.18 cm) and peristaltic activity, and no distension of the lumen. Thickening of the stomach (0.46 cm) and small intestine (0.41 cm) with no loss of layering or distension of the lumen. Focal section of the jejunum shows irregular thickening with loss of layering.

Pancreas

Enlarged (left 0.8 cm, right 1 cm) with a hypoechogetic and irregular appearance, and multiple small hypoechogetic parenchymal nodules, approximately 0.3 cm in size. Hyperechogetic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Mesenteric lymphadenomegaly (0.7 x 1.7 cm) with normal shape and echogenic appearance. Small amount of ascites.

Thorax

Biatrial enlargement.
Pleural effusion.
No pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Gastroenteropathy.
- Hepatopathy.
- Nodular pancreatitis.
- Renomegaly.
- Mesenteric lymphadenomegaly
- Bicavitatory effusion.
- Atrial enlargement.

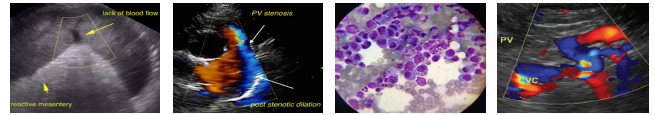
Secondary Findings:

- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastroenteropathy would be non-specific (viral, bacterial, parasitic, toxins, dietary indiscretion), *Helicobacter* gastritis, ulcerative gastritis, inflammatory bowel disease, dietary hypersensitivity, granulomatous disease, and emerging neoplasia.

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



PATIENT

Etiologies for the pancreas would be acute pancreatitis, chronic-active pancreatitis, granulomatous disease, abscessation, and neoplasia.

Tux Summerfield

SPECIES

Etiologies for the renomegaly would be acute kidney injury, bacterial nephritis, pyelonephritis, granulomatous disease, and lymphoma.

Feline

The most likely etiology for the lymph nodes would be reactive with lymphadenitis a differential diagnosis.

BREED

Although the bicavitary effusion is most likely from fluid therapy, heart disease, carcinomatosis, and FIP needs to be considered.

DSH

Etiologies for the atrial enlargement would be fluid overload and cardiomyopathy.

SEX

Initial further assessment would be urine and fecal analyses, urine culture, fPL/PSL assay, analysis of the ascites and pleural effusion, thoracic radiographs, echocardiography, and FNA cytology of the liver, pancreas, and kidneys.

MN

Age

Specific therapy would be dependent on an etiological diagnosis.

12 years

WEIGHT

IMAGES

12 #

Left kidney

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IMAGING PERFORMED BY

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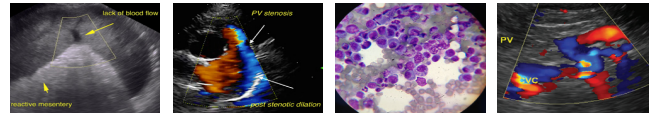
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PATIENT Jejunum

Tux Summerfield

SPECIES

Feline

BREED

DSH

SEX

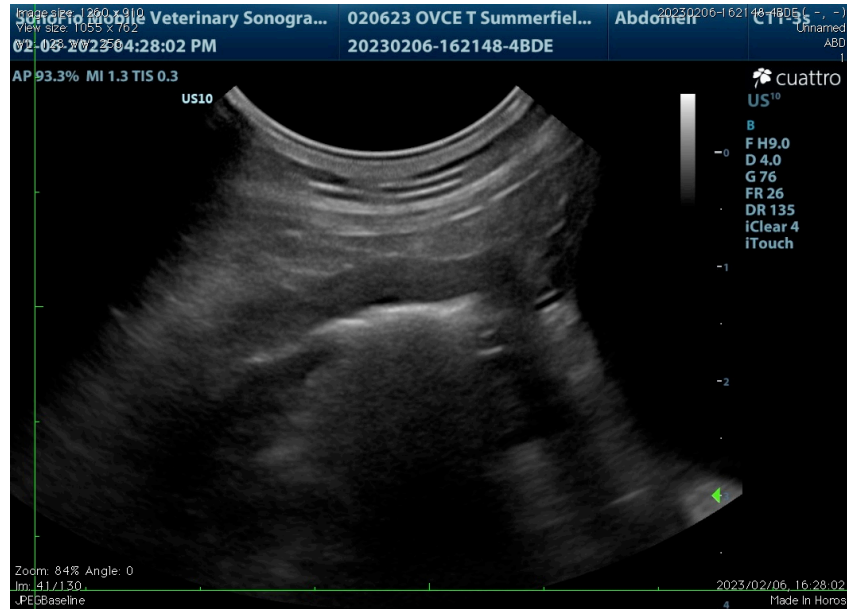
MN

Age

12 years

WEIGHT

12 #



Pancreas

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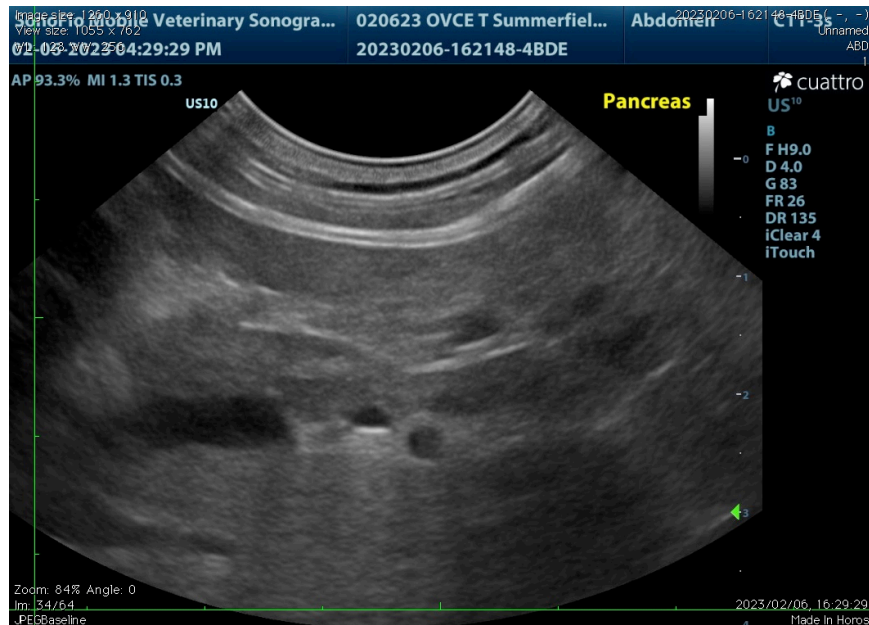
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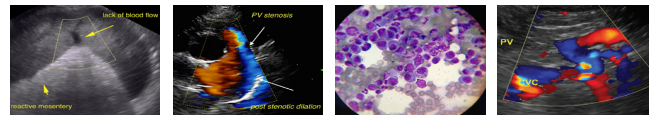
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PATIENT **Liver**

Tux Summerfield

SPECIES

Feline

BREED

DSH

SEX

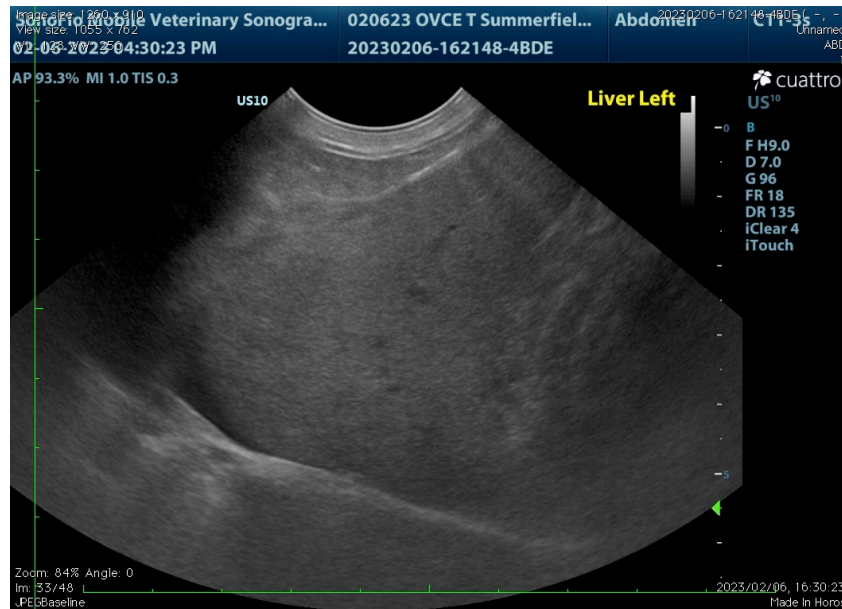
MN

Age

12 years

WEIGHT

12 #



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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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