

PATIENT

Dac Loewenstein

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11 years

WEIGHT

27 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Boca Midtowne
Animal Hospital

REFERRING VET

Dr Boazman

INVOICE

302836

DATE

3/25/22

PRESENTING CLINICAL SIGNS

History: Inappetence past 4 days, intermittent vomiting, lethargy. Dyspnea with some episodes of hacking/congestion.

Physical Examination: Obese, grade 2/6 heart murmur.

Urinalysis: Urobilinogen and bilirubin crystals.

CBC: N/A.

Serum Biochemistry: Elevated bilirubin and SDMA.

Radiographic Findings: Moderate splenomegaly, mild cardiomegaly, possible early edema.

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, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Bilaterally enlarged (left 4.5 cm, right 5 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, and irregular capsule. Normal pelvis. Peri-renal fluid accumulation and hyperechogenic appearance of the mesentery.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.43 cm, right 0.51 cm

Spleen

Enlarged (1.3 cm) with a diffuse mottled echogenic appearance and irregular capsule. Smooth homogenous parenchyma 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. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Dilated bile duct (0.34 cm).



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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 (duodenum 0.29 cm, small intestine 0.22 cm) and peristalsis, and no distension of the lumen.

Pancreas

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

Free Abdomen

Mesenteric lymphadenomegaly (1.7 cm) with normal shape and echogenic appearance. No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Renomegaly.
- Splenomegaly.
- Mesenteric lymphadenomegaly.

Secondary findings:

- Dilated bile duct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the renomegaly and peri-renal inflammation would be acute kidney injury, bacterial nephritis, FIP, and lymphoma.

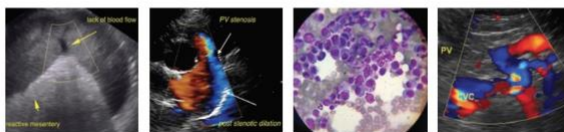
Etiologies for the splenomegaly would be reactive, hyperplasia, splenitis, and infiltrative neoplasia.

Etiologies for the lymphadenomegaly would be reactive, lymphadenitis, and infiltrative neoplasia.

With the obesity and anorexia, evolving hepatic lipidosis needs to be considered.

Further assessment would be urinalysis, urine culture, and FNA cytology of the kidneys and spleen.

Further specific therapy would be dependent on an etiological diagnosis.



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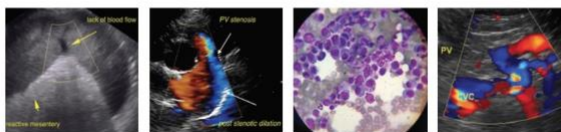
IMAGES

Left kidney



Right kidney





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Spleen



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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.

IMAGING PERFORMED BY

Lara Wiseman, DVM

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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 rlobetti@mweb.co.za

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