


PATIENT PRESENTING CLINICAL SIGNS

PATIENT Fred Diberardino History: Anorexia since dental on 4/6. Stabled long-term diabetic.

SPECIES Physical Examination: N/A.

Feline Urinalysis: N/A.

BREED CBC: Monocytosis, eosinophilia, basophilia.

Siamese Serum Biochemistry: Severe azotemia, hyperphosphatemia, elevated bilirubin.

Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN **Urinary System**

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

WEIGHT Normal trigone area, proximal urethra (0.2 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Renomegaly (left 5.1 cm, right 5.3 cm) with hyperechogenic appearance, some loss of cortico-medullary differentiation, pyelectasia (left 0.6 cm, right 0.4 cm), and normal capsule.

INTERPRETED BY **Reproductive System**

N/A.

Adrenal Glands

Normal position, echogenic appearance, and shape. Small left gland, enlarged right gland 0.64 cm.

Spleen

Normal size (0.8 cm) and echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Enlarged with rounded edges, hyperechogenic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident.

Gall bladder

Full containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.1 cm).

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4/11/23

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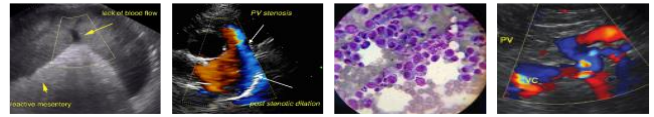
Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

REFERRING VET

Dr Williams



PATIENT *Gastrointestinal*

Fred Diberardino

Normal appearance of the stomach, duodenum, small intestine, and colon with no loss of layering, normal wall thickness (stomach 0.31 cm, duodenum 0.29 cm, jejunum 0.28 cm, colon 0.17 cm) and peristalsis, and no distension of the lumen.

SPECIES

Feline

Pancreas

BREED

Siamese

Enlarged (left 0.9 cm, right 1.3 cm) with hypoechogenic and nodular appearance and irregular capsule. Nodules are small, hypoechogenic and parenchymal. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

Normal mesenteric lymph nodes (0.9 cm).

MN

No ascites evident.

Age

7 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

WEIGHT

- Nephropathy.
- Hepatopathy.
- Nodular pancreatitis.
- Right adrenomegaly.

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Secondary Findings:

- Gall bladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the nephropathy would be acute kidney injury secondary to the recent dental procedure, bacterial nephritis, pyelonephritis, granulomatous disease, and lymphoma.

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The most likely etiologies for the hepatopathy would be secondary to the diabetes and lipidosis, with cholangio-hepatitis complex, granulomatous disease, and infiltrative neoplasia differential diagnoses.

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Although the appearance of the pancreas would be pancreatitis, neoplasia needs to be considered.

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Etiologies for the right adrenal gland would be hyperplasia, non-functional carcinoma, and cortisol or aldosterone producing functional carcinoma.

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Further assessment would be urinalysis, urine culture, fPL/PSL assay, FNA cytology of the liver, pancreas, liver, kidneys, and right adrenal gland, and possibly adrenal function testing (ACTH stimulation and aldosterone assay).

Specific therapy would be dependent on an etiological diagnosis.



PATIENT

Fred Diberardino

SPECIES

Feline

BREED

Siamese

SEX

MN

Age

7 years

WEIGHT

IMAGES

Left kidney



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Pancreas

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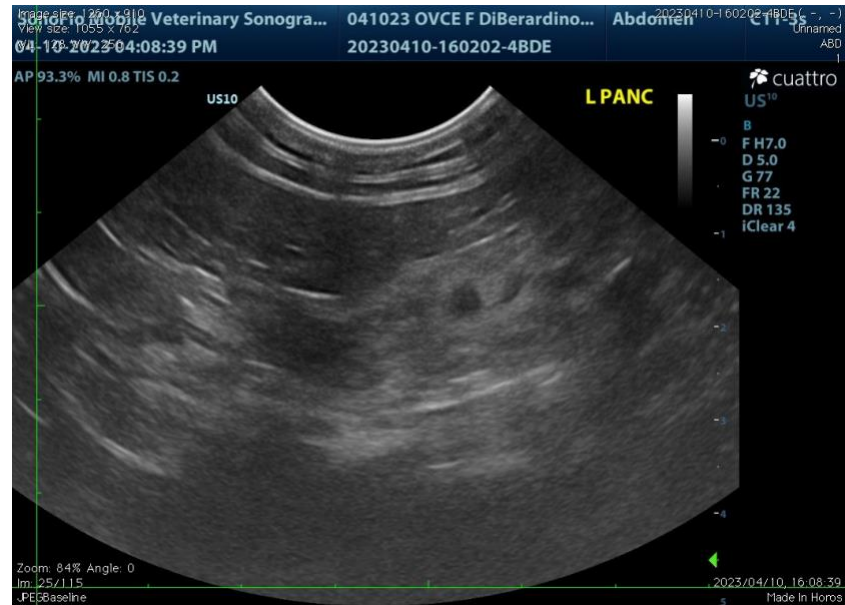
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PATIENT Liver

Fred Diberardino

SPECIES

Feline

BREED

Siamese

SEX

MN

Age

7 years

WEIGHT



Right adrenal

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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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