



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Maui Harris History: 2-day history of lethargy, anorexia, and hiding.

SPECIES Physical Examination: Dehydration, pyrexia, cranial abdominal pain.

Feline Urinalysis: N/A.

BREED CBC: Low normal red cell count, lymphopenia.

DSH Serum Biochemistry: Elevated creatinine, globulins, bilirubin, and GGT activity.

Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MIN Urinary System

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

WEIGHT Normal trigone area, proximal urethra, and iliac blood vessels.

17 # Normal iliac lymph nodes. Ureters not visualized.

Normal size of the right kidney (4.2 cm), enlarged left kidney (5.5 cm), both with increased echogenic appearance (left worse than the right), some loss of cortico-medullary differentiation, and normal blood flow, pelvis, and capsule.

INTERPRETED BY Reproductive System

N/A.

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IMAGING PERFORMED BY Adrenal Glands

Kaitlyn McDaniel Normal shape, echogenic appearance, position, and size. Left 0.84 x 0.34 cm, right 1.07 x 0.49 cm.

HOSPITAL NAME Spleen

Elizabeth Animal Hospital

REFERRING VET Normal size and echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Leon Anderson, DVM

Liver

INVOICE Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident.

304103

Gall bladder

DATE Incidental double gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal bile duct.

4/25/23



PATIENT *Gastrointestinal*

Maui Harris Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity and no distension of the lumen.

SPECIES *Pancreas*

Feline Enlarged with a mottled echogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

BREED *Free Abdomen*

DSH No mesenteric lymphadenomegaly.

SEX No ascites evident.

MN *Thorax*

AGE Normal appearance of the heart.
No pericardial or pleural effusion evident.

9 years

WEIGHT **ULTRASONOGRAPHIC FINDINGS**

17 # Primary Findings:

- Pancreatitis.
- Left renomegaly?

INTERPRETED BY

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Secondary Findings:

- Urinary bladder sediment.

IMAGING PERFORMED BY

Kaitlyn McDaniel

HOSPITAL NAME

Elizabeth Animal Hospital

REFERRING VET

Leon Anderson, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with pancreatitis.

Although the appearance of the kidneys may merely be an age-related change and the left renomegaly an incidental finding, acute kidney injury, bacterial nephritis, and emerging granulomatous disease and lymphoma needs to be considered.

Further assessment would be urinalysis, urine culture, fPL/PSL assay, serum protein electrophoresis, and SDMA.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be fluid therapy, correction of electrolyte anomalies (if needed), opioid analgesics, anti-emetics, and feeding a low-fat intestinal diet.

INVOICE

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PATIENT IMAGES

Maui Harris **Pancreas**

SPECIES

Feline

BREED

DSH

SEX

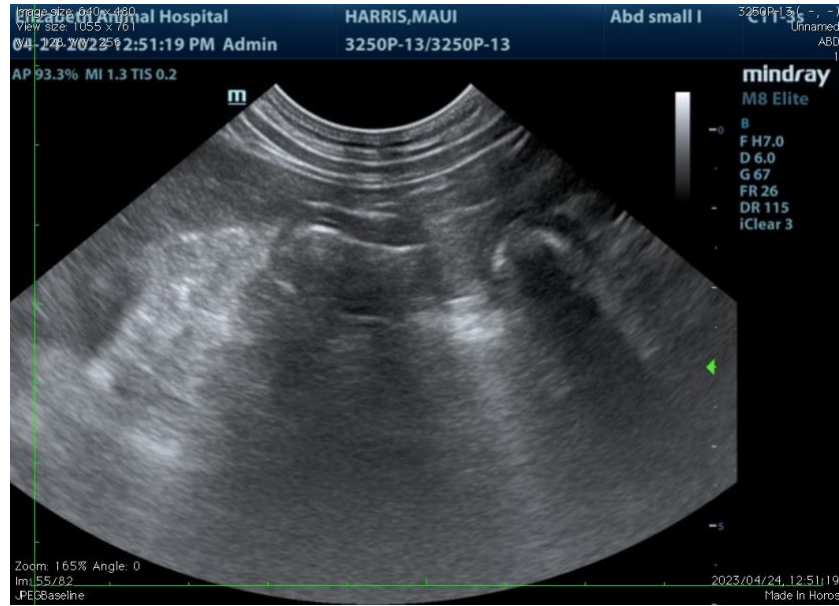
MN

AGE

9 years

WEIGHT

17 #



INTERPRETED BY

Left kidney

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IMAGING PERFORMED BY

Kaitlyn McDaniel

HOSPITAL NAME

Elizabeth Animal Hospital

REFERRING VET

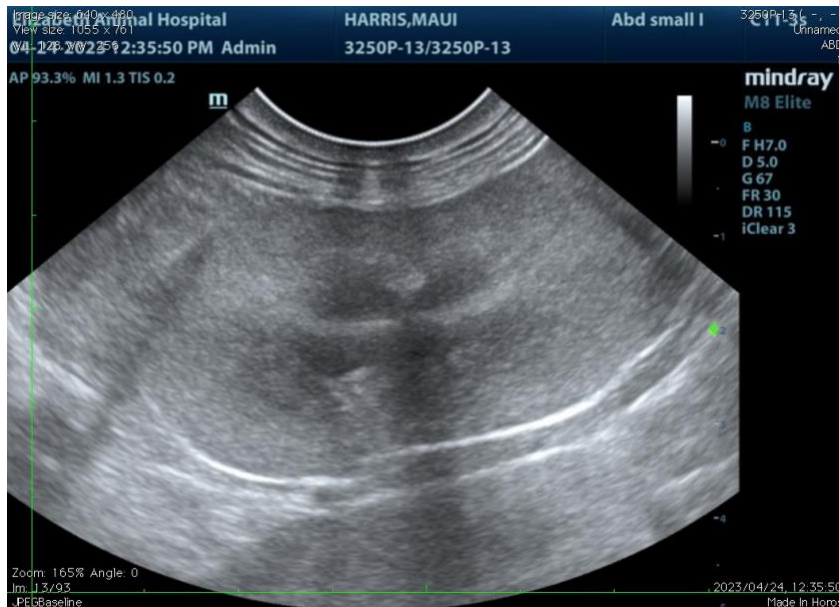
Leon Anderson, DVM

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PATIENT Gall bladder

Maui Harris

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 years

WEIGHT

17 #

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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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