



PATIENT PRESENTING CLINICAL SIGNS

Cooper Itzkowitz History: Intestinal and renal disease.

SPECIES Physical Examination: Soft tissue thickening in the cranial abdomen.

Feline Urinalysis: SG 1.014, pH 6.

BREED CBC: Anemia, monocytosis.

DSH Serum Biochemistry: Azotemia, hypernatremia, elevated quantitative fPL.

Radiographic Findings: N/A.

SEX

MN

AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

17 years **Urinary System**
Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with small amount of dependent hyperechogenic sediment. No uroliths evident.

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

7.9 # Normal Iliac lymph nodes. Ureters not visualized.

INTERPRETED BY Normal renal size (left 3.6 cm, right 3.1 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, and normal blood flow. Irregular capsule, bilateral pyelectasia (left 0.6 x 0.9 cm), and right sided cortical infarcts.

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Dipl. ECVIM

Reproductive System

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Adrenal Glands

Denise Bruno LVT, RDMS

Normal shape, echogenic appearance, size, and position. Left 0.84 x 0.32 cm, right 0.64 x 0.38 cm).

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Spleen

REFERRING VET Normal size and echogenic appearance. Smooth homogenous parenchyma, scalloped appearance of the capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

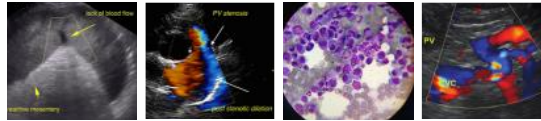
Dr Lowenstein

INVOICE Liver

302931 Normal size, echogenic appearance, and portal markings. Small hypoechogenic parenchymal nodule (0.9 cm) dorsal to the gall bladder. No masses evident. Small gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall.

DATE Normal bile duct.

4/27/22



PATIENT

Gastrointestinal

Cooper Itzkowitz

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

SPECIES

Feline

Pancreas

BREED

DSH

Normal size (0.9 cm) with a diffuse hypoechoic appearance. Small hypoechoic parenchymal nodules Irregular capsule. Visible pancreatic duct. Hyperechoic appearance of the mesentery and fat surrounding the pancreas.

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Free Abdomen

Prominent mesenteric lymph nodes.
No ascites.

AGE

17 years

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Renal disease.
- Nodular pancreatitis.

WEIGHT

7.9 #

Secondary findings:

- Hepatic nodule.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Etiologies for the renal disease would be chronic kidney disease, pyelonephritis, and bacterial nephritis.

Denise Bruno LVT, RDMS

The appearance of the pancreas is consistent with pancreatitis with neoplasia a differential diagnosis.

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The prominent lymph nodes can be ascribed as reactive to the pancreatitis.

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The hepatic nodule is most likely an incidental finding.

Further assessment would be urine culture and FNA cytology of the pancreas.

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy of the pancreatitis would be fluid therapy as needed, low-fat intestinal diet, and opioid analgesics. Management of the renal disease would be renal diet and ACE inhibitor/receptor blocker.

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PATIENT IMAGES

Cooper Itzkowitz **Pancreas**

SPECIES

Feline

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AGE

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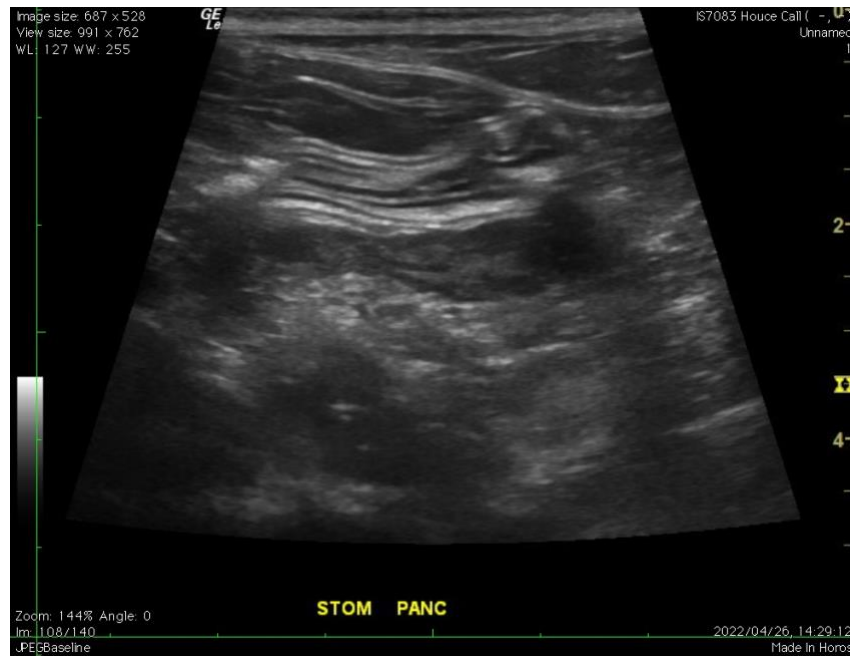
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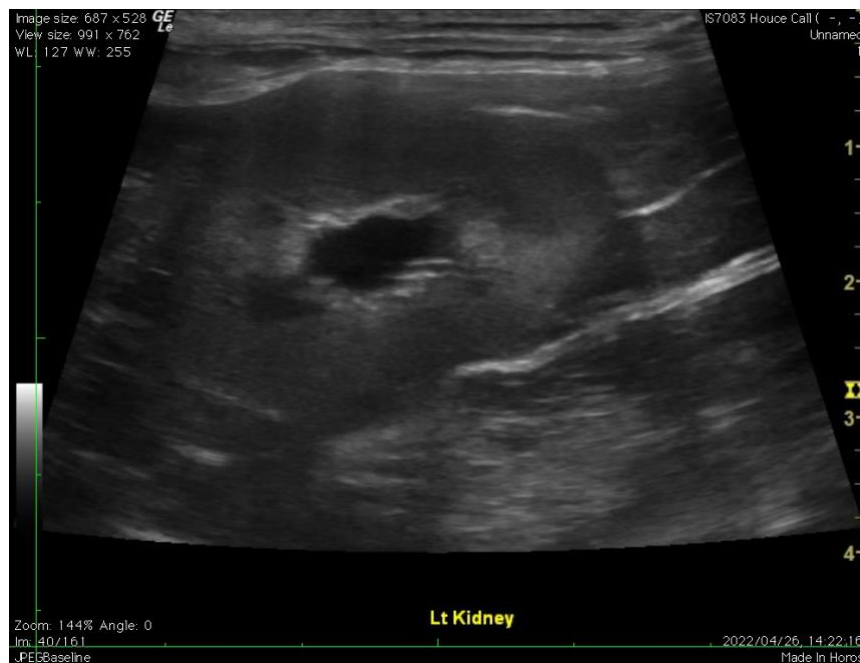
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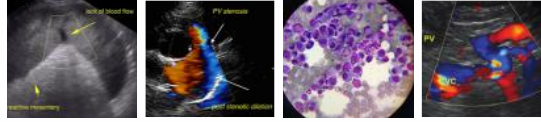
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Left kidney





PATIENT Liver

Cooper Itzkowitz

SPECIES

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AGE

17 years

WEIGHT

7.9 #



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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

Denise Bruno LVT, RDMS

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.

HOSPITAL NAME

Veterinary House Calls

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