



PATIENT PRESENTING CLINICAL SIGNS

Hoots Brand History: Anorexia. Gastrotomy done on 5/8 for foreign body (grass), drop in serum albumin.

SPECIES Physical Examination: N/A.

Feline Urinalysis: N/A.

BREED CBC: Mild anemia, leukocytosis.

DSH Serum Biochemistry: Hypoalbuminemia, elevated bilirubin.

SEX Radiographic Findings: N/A.

FS **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Age *Urinary System*

12 years 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 (0.3 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4 cm, right 3.7 cm) with a hypoechogenic appearance, some loss of cortico-medullary differentiation, normal pelvis, and irregular capsule.

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Reproductive System

N/A.

Adrenal Glands

Normal position, echogenic appearance, shape, and size. Left 0.42 m, right 0.52 cm.

Spleen

Normal size (0.6 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Enlarged with rounded edges, hypoechogenic appearance, some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. FNA taken with no obvious post aspirate hemorrhage evident.

Gall bladder

Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.3 cm).

INVOICE

304206

DATE

5/11/23

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MMedVet (Med), PhD, Dipl.
ECVIM

IMAGING PERFORMED BY

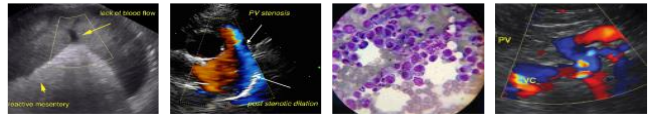
Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

REFERRING VET

Dr Lucignani


PATIENT *Gastrointestinal*

Hoots Brand

SPECIES

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Age

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WEIGHT

Segmental thickening of the muscularis layer of the stomach (0.38 cm), duodenum (0.32 cm), and small intestine (0.31 cm) with no loss of layering or distension of the lumen. Normal thickness and appearance of the ileo-cecal junction and colon (0.17 cm). No obvious wall defect visible at the gastrotomy site with a small amount of fluid and gas around the area. Gas accumulation within the stomach.

Pancreas

Enlarged (left 1.5 cm, right 1.3 cm) with a hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Mesenteric lymphadenomegaly (0.7 x 1.9 cm) with 2.4 cm) with a normal shape and echogenic appearance.

Large amount of cellular ascites present.

Hyperechogenic and nodular appearance of the mesentery.

Thorax

Normal appearance of the heart.

No pericardial effusion evident.

Small amount of pleural effusion present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Pancreatitis.
- Hepatopathy.
- Gastroenteropathy.
- Mesenteric lymphadenomegaly.
- Ascites.
- Mesenteric inflammation.

Secondary Findings:

- Age-related renal changes.
- Pleural effusion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreatitis, hepatopathy, and gastroenteropathy can all be ascribed to the recent surgery; however, differential diagnoses for the liver would be cholangio-hepatitis complex, lipidosis, granulomatous disease, and infiltrative neoplasia; and for the GI tract, inflammatory bowel disease, parasitic enteritis, dietary hypersensitivity, granulomatous enteritis and emerging lymphoma.

Although the appearance of the mesentery, ascites, and free abdominal air can all be secondary to the recent surgery, peritonitis needs to be considered.


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Etiologies for the pleural effusion would be fluid overload, secondary to the hypoalbuminemia and/or pancreatitis, lung disease, and carcinomatosis.

Further assessment needs to be based on the pending cytology results but could include fPL/PSL assay, 3-view thoracic radiographs, and analysis of the ascitic and pleural effusion.

Specific therapy would be dependent on an etiological diagnosis. If a septic process is evident on analysis of the ascitic fluid then laparotomy would be indicated. Supportive therapy would be fluid therapy, correction of electrolyte anomalies as needed, opioid analgesics, and nutritional support via a naso-gastric tube if needed.

IMAGES
Liver

Pancreas




PATIENT Abdomen

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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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