

PATIENT

Grace Edwards

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Brent Crutchfield,
DVM

HOSPITAL NAME

Treasure Coast
Animal Emergency

REFERRING VET

Dr Cail

INVOICE

302987

DATE

5/24/22

PRESENTING CLINICAL SIGNS

History: Anorexia, vomiting.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: Neutrophilia.

Serum Biochemistry: Azotemia, low T₄.

Radiographic Findings: Small intestinal dilation, irregular pancreatic margins, pulmonary nodule.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness (0.1 cm) and appearance 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.

Normal renal size (left 3.3 cm, right 3.6 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, normal pelvis, and irregular capsule. Bilateral small non-obstructive uroliths and cortical infarcts.

Reproductive System

N/A.

Adrenal Glands

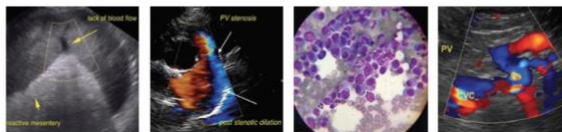
Normal shape, echogenic appearance, position, and size. Left 0.46 cm, right 0.47 cm.

Spleen

Enlarged (1.2 cm) with an increased echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, 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. Small gall bladder containing normal anechoic bile. Normal thickness (0.1 cm) and appearance of the gall bladder wall. Normal bile duct.



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.34 cm, colon 0.18 cm) and peristalsis, and no distension of the lumen. Segmental thickening of the small intestine (up to 0.36 cm) with no loss of layering or distention of the lumen. Focal section of the small intestine shows a thickened (0.61 cm) and hypoechoogenic appearance with loss of layering.

Pancreas

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

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Renal disease.
- Small intestinal thickening.
- Splenomegaly.
- Nodular pancreas.

Secondary findings:

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is typical with chronic kidney disease and in line with the azotemia.

Etiologies for the small intestine would be inflammatory bowel disease with focal granulomatous enteritis or emerging neoplasia (lymphoma, carcinoma), differential diagnoses.

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

The most likely etiology for the pancreas would be age-related change with nodular pancreatitis and neoplasia differential diagnoses.

Further assessment would be urinalysis, urine culture, blood pressure, UPC, fPL/PSL assay, FNA cytology of the spleen, pancreas, and abnormal section of the small intestine, and possible endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



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IMAGES

Left kidney



Small intestine



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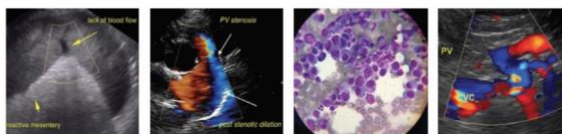
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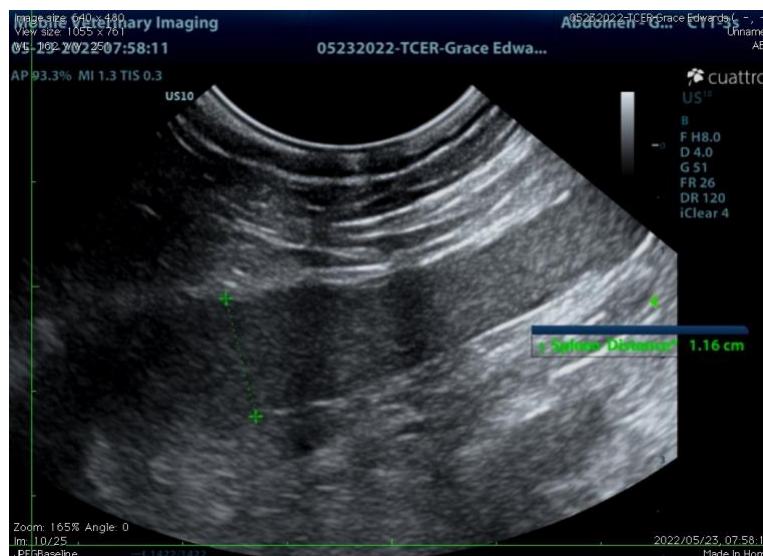
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Pancreas



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.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
 rlobetti@mweb.co.za