

**PATIENT**

Athena Attwood

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

10 years

**WEIGHT****INTERPRETED BY**Remo Lobetti, BVSc,  
MMedVet (Med), PhD,  
Dipl. ECVIM**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**Oviedo Veterinary Care  
and Emergency**REFERRING VET**

Dr Lucignani

**INVOICE**

303036

**DATE**

6/16/22

**PRESENTING CLINICAL SIGNS**

History: Lethargy.

Physical Examination: Recumbent, icterus, ascites.

Urinalysis: N/A.

CBC: Severe anemia, neutrophilia, lymphocytosis, thrombocytopenia.

Serum Biochemistry: Azotemia.

Radiographic Findings: N/A.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

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

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

Normal iliac lymph nodes. Ureters not visualized.

Left kidney – normal size (4.2 cm), echogenic appearance, cortico-medullary differentiation, pelvis and capsule.

Right kidney – normal size (3.9 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, normal pelvis and irregular capsule.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Both 0.38 cm.

**Spleen**

Normal size (0.7 cm) and 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 with an irregular capsule, diffuse mottled echogenic appearance, and loss of portal markings. Focal hypoechoic parenchymal nodule (1 cm) in the left lateral lobe with bulging of the overlying capsule. No masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Distended (0.8 cm) and thickened bile duct.


**PATIENT**
***Gastrointestinal***

Athena Attwood

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.18 cm, jejunum 0.22 cm) and peristaltic activity, and no distension of the lumen. Fluid-filled stomach.

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***Pancreas***
**BREED**

Large hypoechogenic irregular vascularized mass (3.1 x 5.8 cm) associated with the portal vein. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

DSH

***Free Abdomen***
**SEX**

Enlarged mesenteric lymph nodes (0.5 x 0.7 cm) with a rounded and hypoechogenic appearance. Small amount of cellular ascites.

FS

Nodular and hyperechogenic appearance of the mesentery.

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**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Pancreatic mass.
- Mesenteric inflammation with ascites.
- Hepatopathy.
- Hepatic nodule.
- Right nephropathy.
- Mesenteric lymphadenomegaly.
- Dilated bile duct.

Secondary Findings:

- None.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

With the appearance of the pancreas, mesentery, ascites, hepatic nodule, and lymph nodes the most likely diagnosis would be pancreatic neoplasia, with secondary carcinomatosis, hepatopathy, and obstruction of the bile duct.

Etiologies for the right kidney would be neoplastic infiltration and bacterial nephritis.

Further assessment that could be considered would be FNA cytology of the pancreas and mesentery and analysis of the ascitic fluid.

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At this point palliative therapy would be recommended.

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**IMAGES**

**Liver**



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**Pancreas**



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**PATIENT**

**Mesentery**

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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)**  
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