



PATIENT PRESENTING CLINICAL SIGNS

Finn Feuerstein History: Anorexia, suspected pancreatitis.

SPECIES Physical Examination: N/A.

Feline Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: Elevated bilirubin and ALT activity.

DSH Radiographic Findings: N/A.

SEX

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

Urinary System

12 years Full urinary bladder with a normal thickness and appearance of the wall. Large amount of floating hyperechogenic sediment. No uroliths evident.

WEIGHT Normal trigone area, proximal urethra (0.3 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

INTERPRETED BY

Bilateral renomegaly (left 4.6 cm, right 4.5 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Bilateral faint pinpoint mineralization.

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

Reproductive System

N/A.

IMAGING PERFORMED BY

Adrenal Glands

Sonya Myers, DVM

Normal shape, echogenic appearance, size, and position. Left 0.51 cm, right 0.4 cm.

HOSPITAL NAME

Spleen

Oviedo Veterinary Care and
Emergency

Enlarged (1.5 cm) with a diffuse hypoechogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted

REFERRING VET

Dr Rowell

Liver

INVOICE

Normal size with a diffuse hypoechogenic appearance, and prominent portal markings. No nodules or masses evident. Full gall bladder containing small amount of adherent hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

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DATE

6/21/22



PATIENT *Gastrointestinal*

Finn Feuerstein

Normal appearance of the duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (duodenum 0.28 cm, jejunum 0.25 cm) and peristaltic activity, and no distension of the lumen. Thickening of the stomach (0.48cm) and colon (0.32 cm) with no loss of layering or distension of the lumen.

SPECIES

Feline

Pancreas

BREED

DSH

Enlarged (right 1.2 cm, left 0.7 cm) with a diffuse hypoechogenic appearance. Irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

Free Abdomen

Normal mesenteric lymph nodes (0.4 x 2 cm).
Small amount of ascites.

AGE

12 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Splenic pathology.
- Hepatopathy.
- Pancreatitis.
- Renomegaly.
- Gastric and colonic wall thickening

INTERPRETED BY

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

Secondary Findings:

- Gall and urinary bladder sediment.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

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Emergency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenic pathology would be reactive secondary to the pancreatitis, hyperplasia, splenitis, and infiltrative neoplasia.

Etiologies for the hepatopathy would be reactive secondary to the pancreatitis, vacuolar, cholangio-hepatitis complex, granulomatous disease, and infiltrative neoplasia.

REFERRING VET

Dr Rowell

The appearance of the pancreas is typical for acute pancreatitis.

Etiologies for the renomegaly would be acute kidney injury, bacterial nephritis, FIP, lymphoma.

INVOICE

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Although the most likely etiology for the stomach and colon would be secondary to the pancreatitis, inflammatory bowel disease, parasitic enteritis, dietary hypersensitivity, granulomatous disease, and emerging lymphoma needs to be considered.

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Further assessment would be urine and fecal analysis, fPL/PSL assay, and FNA cytology of the liver, kidneys, and spleen. Pending response, endoscopy of both the upper and lower GI tract could be considered.



PATIENT

Initial management would be fluid therapy, correction of electrolyte anomalies (if present), opioid analgesics, anti-emetics, and low-fat intestinal diet via tube feeding, if needed.

Finn Feuerstein

SPECIES

IMAGES

Feline

Spleen

BREED

DSH

SEX

AGE

12 years

WEIGHT

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Liver

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PATIENT **Kidney**

Finn Feuerstein

SPECIES

Feline

BREED

DSH

SEX

AGE

12 years

WEIGHT

Pancreas

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 Rowell



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DATE

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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