


PATIENT PRESENTING CLINICAL SIGNS

Ollie Hasan History: Inappetence, gagging.
 Physical Examination: N/A.
SPECIES Urinalysis: N/A.
 Feline CBC: Neutrophilia, thrombocytopenia.
BREED Serum Biochemistry: N/A.
 DSH Radiographic Findings: N/A.

SEX

MN

AGE

6 years

WEIGHT

12 #

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 Caja

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DATE

6/23/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

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

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

Normal iliac lymph nodes. Ureters not visualized.

Enlarged right kidney (4.6 cm), normal size of left (3.4 cm), both with normal echogenic appearance, cortico-medullary differentiation, pelvis, and capsule. Focal cortical infarct (0.7 cm) in the caudal pole of the left kidney.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 0.47 cm, right 0.37 cm.

Spleen

Normal size (0.9 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

Liver

Normal size with a diffuse hypoechogenic appearance, and prominent portal markings. No nodules or masses evident. Full gall bladder normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.17 cm, jejunum 0.23 cm) and peristaltic activity, and no distension of the lumen.

**PATIENT** *Pancreas*

Ollie Hasan Enlarged and irregular (right 0.5 cm, left 0.6 cm) with a diffuse hypoechogenic appearance. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Feline Normal mesenteric lymph nodes (0.3 x 1.5 cm).

BREED Peri-portal lymphadenomegaly (0.8 x 1.8 cm) with a rounded and hypoechogenic appearance. No ascites.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings:

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- Hepatopathy.
- Pancreatitis.
- Right renomegaly.
- Peri-portal lymphadenomegaly.

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Secondary Findings:

- Urinary bladder sediment.
- Renal infarct.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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The appearance of the pancreas is typical for acute pancreatitis.

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

Etiologies for the lymph nodes would be reactive secondary to the pancreatitis, hyperplasia, lymphadenitis, and infiltrative neoplasia.

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Although the renal infarct may be an incidental finding, hypercoagulability and cardiac disease needs to be considered.

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Further assessment would be urinalysis, urine culture, fPL/PSL assay, coagulation panel, FNA cytology of the liver, right kidney, and lymph nodes, and possibly echocardiography.

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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.



PATIENT

Ollie Hasan

SPECIES

Feline

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IMAGES

Left kidney



Liver

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PATIENT Lymph nodes

Ollie Hasan

SPECIES

Feline

BREED

DSH

SEX

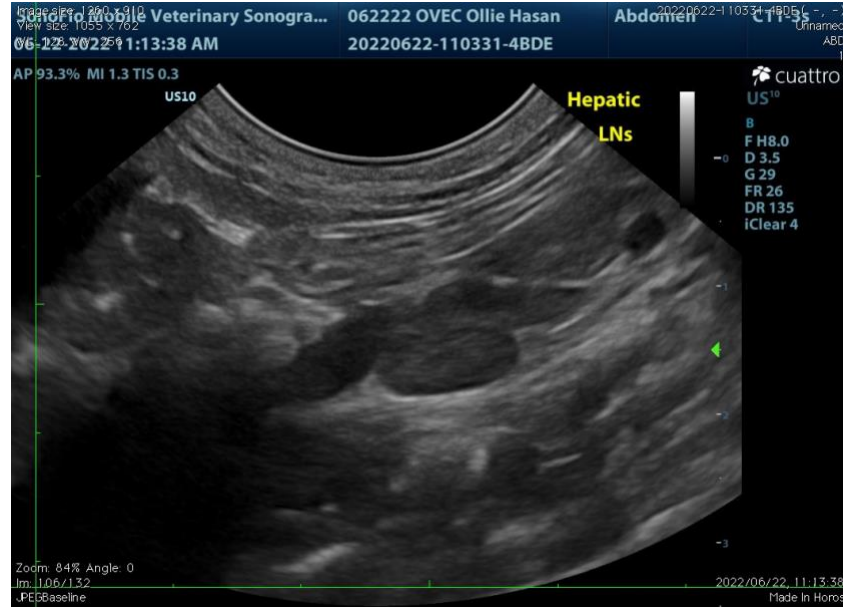
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Pancreas

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PATIENT Urinary bladder

Ollie Hasan

SPECIES

Feline

BREED

DSH

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AGE

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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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