

PATIENT

Jax Furever Home
Animal Rescue

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

18 months

WEIGHT

9 #

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

INVOICE

303338

DATE

8/25/22

PRESENTING CLINICAL SIGNS

History: Anorexia, diarrhea.

Physical Examination: Icterus.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: Elevated liver enzyme activity.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and echogenic 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 3.6 cm, right 4 cm), echogenic appearance, cortico-medullary differentiation, and pelvis. Irregular capsule of both kidneys.

Reproductive System

N/A.

Adrenal Glands

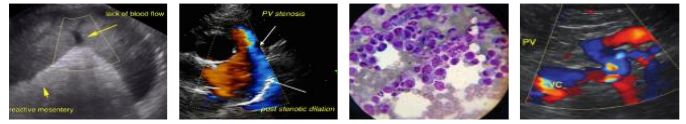
Normal shape, echogenic appearance, position, and size. Left 0.28 cm, right 0.29 cm.

Spleen

Normal size (1 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. FNA taken with no post aspirate hemorrhage evident.

Liver

Enlarged with rounded edges, diffuse hyperechogenic appearance, and some loss of portal markings. Normal regular curvilinear capsule. No nodules or masses evident. FNA taken with no post aspirate hemorrhage evident. Small gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Dilated bile duct (0.4 cm) with hyperechogenic appearance of the wall.



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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.14 cm, jejunum 0.19 cm, colon 0.1 cm) and peristaltic activity, and no distension of the lumen.

Pancreas

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

Free Abdomen

Mesenteric lymphadenomegaly (0.4 x 1.5 cm) with normal shape and echogenic appearance.

Small amount of ascites cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Pancreatitis.
- Hepatopathy.
- Dilated bile duct.
- Splenic pathology.
- Mesenteric lymphadenomegaly.
- Ascites.
- Mesenteric inflammation.

Secondary findings:

- Irregular renal capsule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with pancreatitis with associated peritonitis.

The most likely etiology for the hepatopathy and bile duct would be bacterial cholangio-hepatitis, with lipidosis, FIP, and infiltrative neoplasia, differential diagnoses.

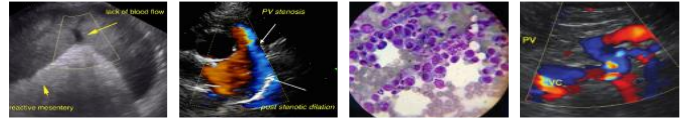
Etiologies for the spleen would be reactive, splenitis, FIP, and infiltrative neoplasia.

The most likely etiology for the lymph nodes would be reactive with lymphadenitis and infiltrative neoplasia, differential diagnoses.

Although the ascites and mesenteric inflammation can be ascribed to the liver and pancreas changes, FIP would an important differential diagnosis.

Further assessment/therapy needs to be based on the pending cytology results.

Initial management would be fluid therapy, correction of electrolyte anomalies (if needed), nutritional support (via tube feeding if needed), opioid analgesics, ursodiol, and anti-emetics.



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IMAGES

Liver



Pancreas



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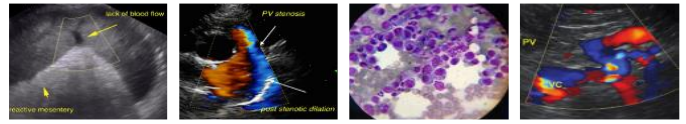
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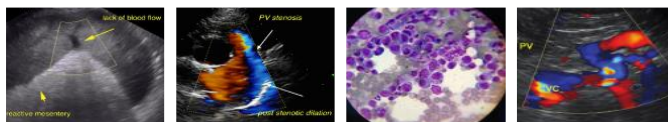
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Left kidney/mesentery



Spleen





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Bile duct



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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