

PATIENT

Sonic Ngwenya

SPECIES

Feline

BREED

Maine Coone

SEX

MN

AGE

11 years

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Boca Midtowne Animal
Hospital

REFERRING VET

Dr Boazman

INVOICE

303409

DATE

9/17/22

PRESENTING CLINICAL SIGNS

History: At the ER for multiple days for vomiting, vocalizing, panting and frequent litter box visits. Discharged 72 hours ago – eating normally. Ultrasound showed hepatopathy, right renal infarcts, and left nephroliths.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: Elevated ALT and GGT activity, azotemia, abnormal fPL.

Radiographic Findings: Normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.7 cm, right 3.6 cm) with increased echogenic appearance and some loss of cortico-medullary differentiation. Small nephroliths (1 cm) within the left pelvis. Ill-define appearance of the right pelvis. Normal left capsule, irregular right capsule as a result of hyperechogenic areas of cortical infarction.

Reproductive System

N/A.

Adrenal Glands

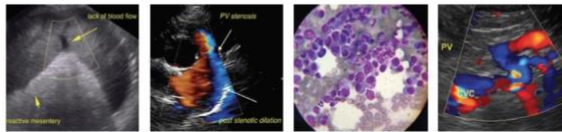
Normal shape, echogenic appearance, position, and size. Left 0.3 cm, right 0.34 cm.

Spleen

Normal size (0.6 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Enlarged with rounded edges, coarse echogenic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Thickened (0.3 cm) and hyperechogenic appearance of the gall bladder wall. Dilated bile duct (0.5cm) with a thickened wall.



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.2 cm, jejunum 0.2 cm) and peristaltic activity, and no distension of the lumen.

Pancreas

Enlarged (1 cm) with a hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Hepatopathy.
- Cholecystitis.
- Renal disease.
- Pancreatitis.

Secondary findings:

- Nephroliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The appearance of the gall bladder is consistent with cholecystitis – bacterial, flukes.

The appearance of the kidneys is consistent for chronic kidney disease with pyelonephritis, a differential diagnosis.

The appearance of the pancreas is typical for pancreatitis.

Further assessment would be urine and fecal analyses, urine culture, blood pressure, UPC (if culture and urine sediment negative), cholecystocentesis, and FNA cytology of the liver.

Specific therapy would be dependent on an etiological diagnosis. Management of the pancreatitis would be intestinal diet, analgesics, and antiemetics. Management of the hepatopathy and cholecystitis would be ursodiol. Long-term management of the chronic kidney disease would be renal diet, ACE inhibitor/receptor blocker, and enteric phosphate binders.



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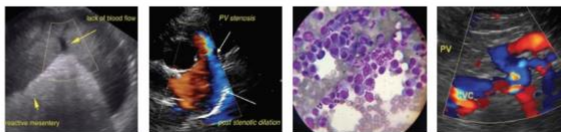
IMAGES

Left kidney



Right kidney





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Pancreas

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Liver

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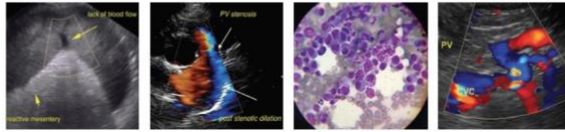
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Gall bladder/bile duct



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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)
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