



PATIENT PRESENTING CLINICAL SIGNS

DUSTY FAGAN
History: N/A.
Physical Examination: N/A

SPECIES
Feline
Urinalysis: N/A.
CBC: N/A.

BREED
Serum Biochemistry: Abnormal fPL.
Maine Coon Mix
Radiographic Findings: Cholelith.

SEX

MN

Age

14 years

WEIGHT

19 #

INTERPRETED BY

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

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 (0.3 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Renomegaly (left 4.5 cm, right 4.6 cm) with normal echogenic appearance, some loss of cortico-medullary differentiation, normal pelvis and right capsule, and irregular left capsule.

Reproductive System

N/A.

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Sonya Myers, DVM

Adrenal Glands

Normal shape, echogenic appearance, and position but enlarged. Left 0.67 cm, right 0.61 cm.

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Spleen

Normal size (0.9 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Small gall bladder containing normal anechoic bile and choleliths (1.1 cm). Normal thickness and echogenic appearance of the gall bladder wall. Dilated bile duct (0.4 cm) with thickened walls and hyperechogenic appearance of the surrounding mesentery.

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PATIENT
Gastrointestinal

Dusty Fagan

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.22 cm, jejunum 0.25 cm) and peristaltic activity, and no distension of the lumen. Thickening of the stomach (0.57 cm) with no loss of layering or distension of the lumen.

SPECIES

Feline

Pancreas
BREED

Maine Coon Mix

Enlarged (right 0.8 cm, left 1.3 cm) with a hypoechogenic appearance of the left lobe and a hyperechogenic appearance of the right lobe. Irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SEX
Free Abdomen

MN

Normal mesenteric lymph nodes (1.6 cm).

Age

No ascites.

14 years

Hyperechogenic appearance of the mesentery in the cranial abdomen.

WEIGHT
ULTRASONOGRAPHIC FINDINGS

19 #

Primary Findings:

- Pancreatitis.
- Gastritis.

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Secondary Findings:

- Choleliths.
- Dilated bile duct.
- Renomegaly
- Adrenomegaly.

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The appearance of the pancreas is consistent with chronic activity pancreatitis and could account for the thickening of the gastric wall, hyperechogenic mesentery, and dilated bile duct.

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Other etiologies for the gastritis would be *Helicobacter* gastritis, ulcerative disease, inflammatory bowel disease, granulomatous disease, and helminths, and emerging lymphoma.

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As the gall bladder is small, the choleliths can be considered incidental findings.

Other etiologies for the dilated bile duct would be previous obstruction and cholecystitis.

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The most likely etiology for the renomegaly and adrenomegaly would be breed-associated size; however, primary renal and adrenal pathology would need to be considered if there are compatible clinical, urinalysis, and biochemistry changes.

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Further assessment that could be considered would be endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Management of the pancreatitis would be intestinal diet, anti-emetics, and analgesics.



PATIENT

Dusty Fagan

SPECIES

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IMAGES

Pancreas



Stomach

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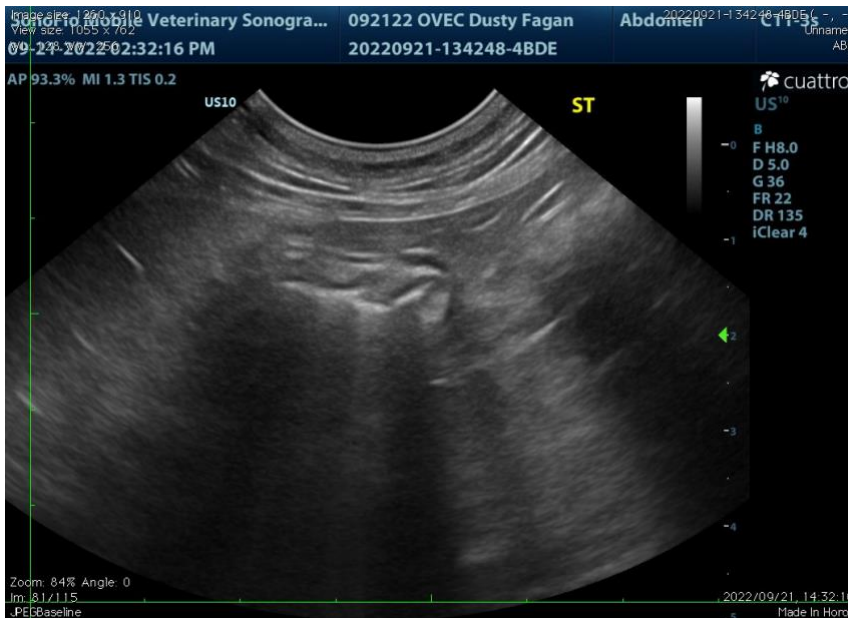
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PATIENT

Gall bladder

Dusty Fagan

SPECIES

Feline

BREED

Maine Coon Mix

SEX

MN

Age

14 years

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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.

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