

**PATIENT**

Moo Johnston

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

**WEIGHT**

3.8 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Brent Crutchfield, DVM

**HOSPITAL NAME**

Treasure Coast Animal  
 Emergency

**REFERRING VET**

Dr Cail

**INVOICE**

303437

**DATE**

9/29/22

**PRESENTING CLINICAL SIGNS**

History: Anorexia.

Physical Examination: Grade IV/VI heart murmur.

Urinalysis: N/A

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with a normal thickness (0.1 cm) and 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.

Left kidney – small (2 cm) with a rounded and hyperechogenic appearance, loss of cortico-medullary differentiation, and normal pelvis and capsule.

Right kidney – normal size (3.9 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, normal pelvis and irregular capsule.

**Reproductive System**

N/A.

**Adrenal Glands**

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

**Spleen**

Enlarged (1.2 cm) with a normal echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**Liver**

Normal size, echogenic appearance, portal markings, and curvilinear capsule. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal thickness (0.1 cm) and echogenic appearance of the gall bladder. Dilated bile duct with no obvious obstruction evident.



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**Gastrointestinal**

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Normal appearance of the gastro-esophageal junction, stomach, duodenum, and ileo-cecal junction with no loss of layering, normal wall thickness (stomach 0.26 cm, duodenum 0.28 cm) and peristaltic activity. Segmental thickening of the small intestine (0.38 cm) and colon (0.3 cm) with no loss of layering or distension of the lumen.

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**Pancreas**

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Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

**AGE**

No mesenteric lymphadenomegaly.  
Small amount of acellular ascites.

**WEIGHT**

3.8 kg

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Enteropathy.
- Splenomegaly.
- Renal disease.
- Ascites.

Secondary findings:

- Dilated bile duct.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS IMAGES**

Etiologies for the enteropathy would be non-specific (viral, bacterial, protozoal helminths, dietary indiscretion, toxins), inflammatory bowel disease, dietary hypersensitivity, and emerging lymphoma.

Etiologies for the splenomegaly would be reactive, hyperplasia, splenitis, and infiltrative neoplasia.

The appearance of the kidneys would be indicative of chronic kidney disease.

The ascites can be ascribed as a secondary change.

The dilated bile duct can be considered an incidental finding.

Further assessment would be urine and fecal analyses, CBC, serum biochemistry, FNA cytology of the spleen, and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

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**IMAGES**

**Right kidney**



**Small intestine**





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**Spleen**

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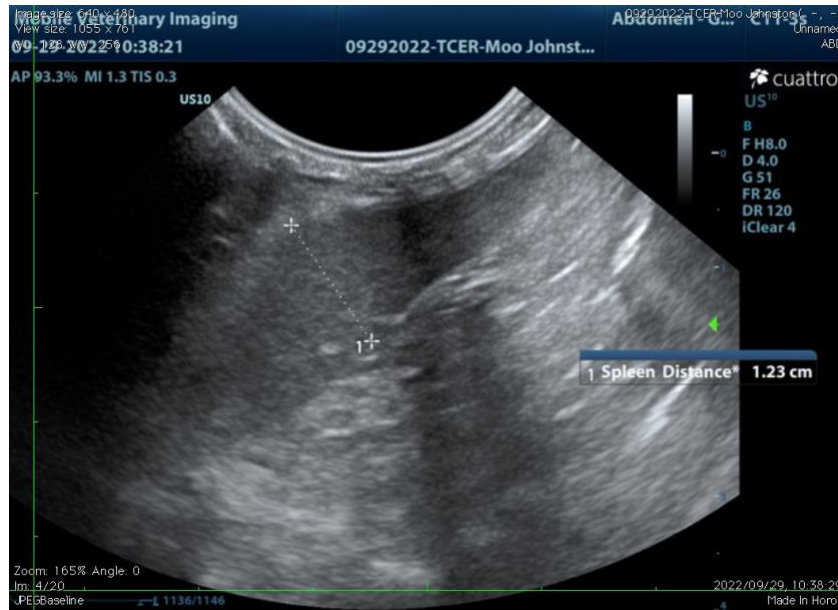
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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