

PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Bib Morris

SPECIES
Feline

History: Renal disease.
Physical Examination: N/A.
Urinalysis: N/A.
CBC: N/A.
Serum Biochemistry: Azotemia, hyperkalemia.
Radiographic Findings: Renomegaly.

BREED

DSH

SEX

MN

Age

14 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder with a thickened (0.5 cm) appearance of the wall. Small 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.

Renomegaly (left 5 cm right 4.3 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, and normal pelvis, and capsule.

WEIGHT

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Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.5 cm, right 0.34 cm.

Spleen

Normal size (0.9 cm) with a diffuse mottled echogenic and nodular appearance and an irregular capsule.

Liver

Enlarged with rounded edges, diffuse hypoechogenic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.34 cm, duodenum 0.31 cm, jejunum 0.44 cm) and peristaltic activity, and no distension of the lumen.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

REFERRING VET

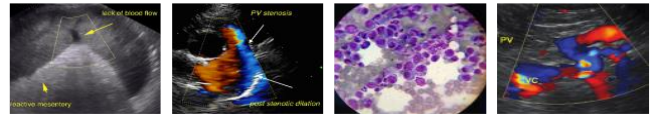
Dr Caja

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303383

DATE

9/8/22



PATIENT *Pancreas*

Bib Morris Enlarged (left 0.8 cm) with a hypoechogenic appearance and irregular capsule. Hyperechogenic echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Feline Mesenteric lymphadenomegaly (0.7 x 2.2 cm) with a rounded shape and increased echogenic appearance.

BREED Acellular ascites and pleural effusion.

DSH Hyperechogenic and nodular appearance of the mesentery.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Renomegaly.
- Splenic pathology.
- Hepatopathy.
- Pancreatitis.
- Mesenteric lymphadenomegaly.
- Nodular mesentery.
- Bicavitatory effusion.

Secondary Findings:

- Cystitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the appearance of the kidneys, spleen, lymph nodes, mesentery and bicavitary effusion, abdominal carcinomatosis, lymphoma, and FIP would be important differential diagnoses.

The pancreatitis and hepatopathy are most likely secondary to the intra-abdominal pathology.

Etiologies for the urinary bladder would be bacterial cystitis, sterile cystitis, and emerging neoplasia.

Initial further assessment would be fPL/PSL assay, analysis of the ascitic and/or pleural effusion, and FNA cytology of the spleen, kidneys, lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.

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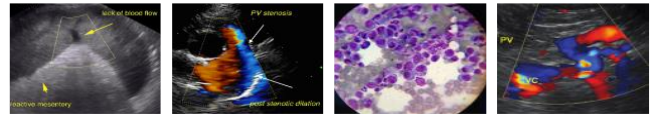
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PATIENT IMAGES

Bib Morris **Liver**

SPECIES

Feline

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Spleen

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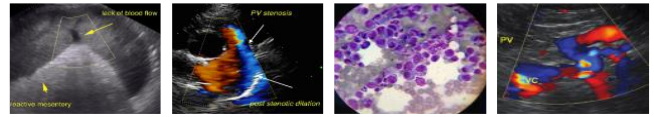
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PATIENT Left kidney

Bib Morris

SPECIES

Feline

BREED

DSH

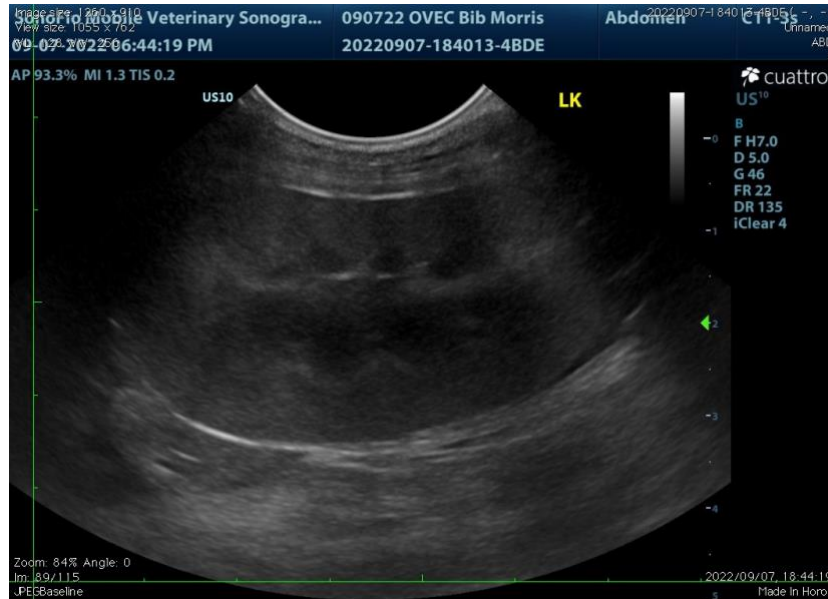
SEX

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Age

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WEIGHT



Urinary bladder

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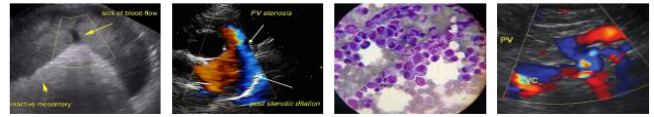
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PATIENT Mesentery

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SPECIES

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BREED

DSH

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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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