



PATIENT PRESENTING CLINICAL SIGNS

Mr Grey Lesmes History: Weight loss, anemia, thrombocytopenia, vomiting.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Feline The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

BREED Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

DSH Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

SEX Enlarged left kidney (4.70 cm). Normal size of right kidney (3.60 cm). Normal architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Neutered Male

AGE Adrenal Glands Normal shape, echogenic appearance, size (left 0.29 cm) (right 0.33 cm), position, and appearance of the visible peri-renal vasculature.

12 years

WEIGHT Spleen Enlarged (1.10 cm) with a diffuse hypoechogenic appearance and irregular capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.

NP

Liver Enlarged with rounded edges, normal echogenic appearance, some loss of portal markings, and regular curvilinear capsule. Multiple parenchymal hyperechogenic nodules (measuring up to 0.70 x 0.90 cm in size). No masses evident. Normal appearance of the hepatic and portal vasculature.

INTERPRETED BY

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

Gallbladder The gallbladder is small, containing small amount of floating hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Dilated intrahepatic bile ducts. Bile dilation of the common bile duct (0.44 cm) with a thickened appearance of the wall.

IMAGING PERFORMED BY

Sonya Myers DVM

Gastrointestinal Normal appearance of the stomach (0.23 cm), duodenum (0.26 cm), jejunum (0.25 cm), (0.36 cm) small intestine, ileo-cecal junction, and colon (0.15 cm) with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A gastric lymph node measured 1.90 x 1.00 cm.

HOSPITAL NAME

Lake Emma AH

Pancreas Enlarged (left: 0.80 cm) with a diffuse hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

REFERRING VET

Lesmes

Free Abdomen Mesenteric, peri-gastric and sublumbar lymphadenomegaly (0.80 x 1.10 cm) (0.50 x 1.70 cm), with a normal echogenic appearance and rounded shape.

INVOICE

13530

No ascites evident.

DATE

6.30.23



PATIENT ULTRASONOGRAPHIC FINDINGS

Mr Grey Lesmes

Primary Findings

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

- Pancreatitis
- Nodular hepatopathy
- Splenomegaly
- Lymphadenomegaly
- Dilated bile ducts

Secondary Findings

- Left renomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

12 years

Etiologies for the hepatopathy would be lipidosis, cholangiohepatitis complex, granulomatous disease, and infiltrative neoplasia.

WEIGHT

NP

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

Etiologies for the lymphadenomegaly would be reactive, lymphadenitis and infiltrative neoplasia.

Etiologies for the dilated bile ducts would be an age-related change, secondary to the pancreatitis or a previous episode of cholecystitis.

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The left renomegaly is most likely and incidental finding, as there are no other changes, and the other kidney has a normal size and appearance.

Further assessment would be urinalysis, fPL/PSL assay and FNA cytology of the liver, spleen and lymph nodes.

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Specific therapy would be dependent on an etiological diagnosis.

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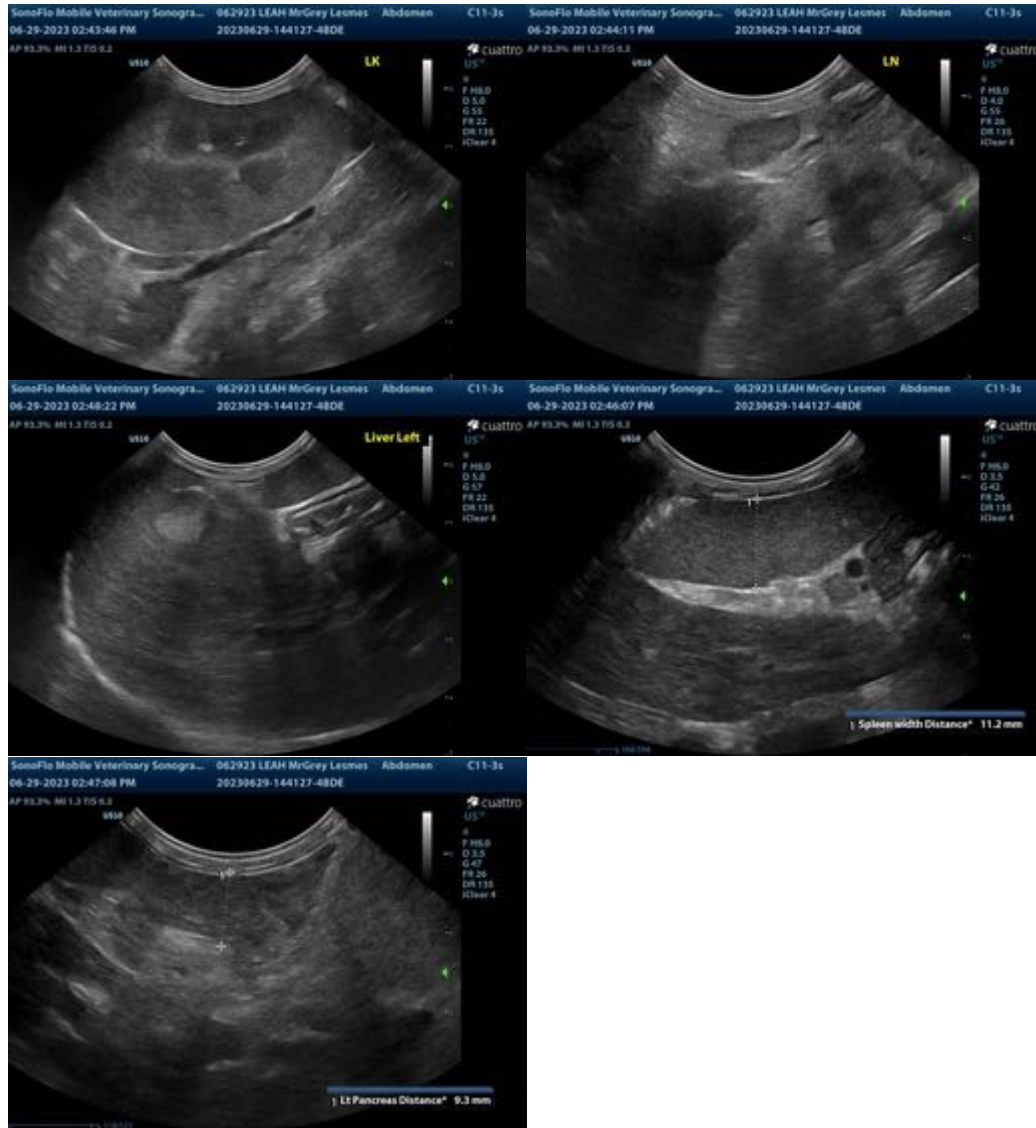
Lesmes

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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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