



PATIENT PRESENTING CLINICAL SIGNS

Mitzu Burley
SPECIES History: presented for decreased appetite and drinking which progressed to diarrhea, vomiting food, and appears bloated in abdomen known hyperthyroid was on 5 mg methimazole SID, after labs (see below) increased to 5 mg AM and 2.5 mg PM started on pred 2.5 mg SID and mirtazipine and buprenorphine concern for underlying GI pathology --> AUS perused
Feline

BREED Abnormal PE/Chem/CBC/UA Results: Chemistry Creatinine 2.1 (0.9-2.3) SDMA 22 (0-14) T4 7.4 (0.8-4.7)
CBC: wnl UA USG 1.014 pH 5.5 1+ protein occ cal ox dihydrate

DSH

SEX

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Spayed Female The urinary bladder is full with a normal thickness and smooth appearance of the wall. Small amount of floating hyperechogenic sediment present. No uroliths evident.

AGE

17 years

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

WEIGHT

5 lbs

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

INTERPRETED BY

Bilaterally small kidneys (left kidney 2.70 cm) (right kidney 2.90 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, normal pelvis, and irregular capsule. No infarcts, mineralization or renoliths evident.

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

Adrenal Glands

Normal shape, echogenic appearance, size (left 0.50 cm) (right 0.50 cm), position, and appearance of the visible peri-renal vasculature.

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Spleen

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Normal size (measuring 0.50 cm) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

HOSPITAL NAME

Liver

Sherwood Family PC

Normal size, with a diffuse, coarse, echogenic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

REFERRING VET

Gallbladder

Robert Merrill

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

INVOICE

Gastrointestinal

13964

Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

DATE

Normal thickness of the small intestine, with no loss of layering, but an increased muscularis: mucosa ratio and normal peristaltic activity. Ingesta within the stomach. Moderate amount of chyle within the small intestine.

8.4.23

Pancreas

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



PATIENT

Mitzu Burley **Free Abdomen**
Normal mesenteric lymph nodes.

SPECIES

No ascites evident.

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

Primary Findings

DSH

- Renal disease

SEX

- Enteropathy

Spayed Female

- Hepatopathy

AGE

Secondary Findings

17 years

WEIGHT

- Urinary bladder sediment

5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

The appearance of the kidneys would be consistent with early chronic kidney disease.

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Etiologies for the enteropathy would be infiltrative bowel disease, parasitic enteritis, and dietary hypersensitivity, with neoplasia an unlikely differential diagnosis.

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Etiologies for the hepatopathy would be reactive, cholangiohepatitis complex, emerging lipidosis, metabolic secondary to the hyperthyroidism, with infiltrative neoplasia an unlikely differential diagnosis.

Christina Sitton

Initial further assessment would be urine culture, UPC (if culture and sediment negative), and cobalamin assay. If there is not a satisfactory improvement with management of the hyperthyroidism, an additional diagnostic test that could be considered would be endoscopy of the upper GIT tract with biopsies, as well as fecal analysis. The current therapy would be recommended. If there is not a satisfactory improvement to that, and no further diagnostics are pursued, then feeding a hypoallergenic/novel protein diet, cobalamin supplementation, and a course of Fenbendazole would be recommended.

HOSPITAL NAME

Sherwood Family PC

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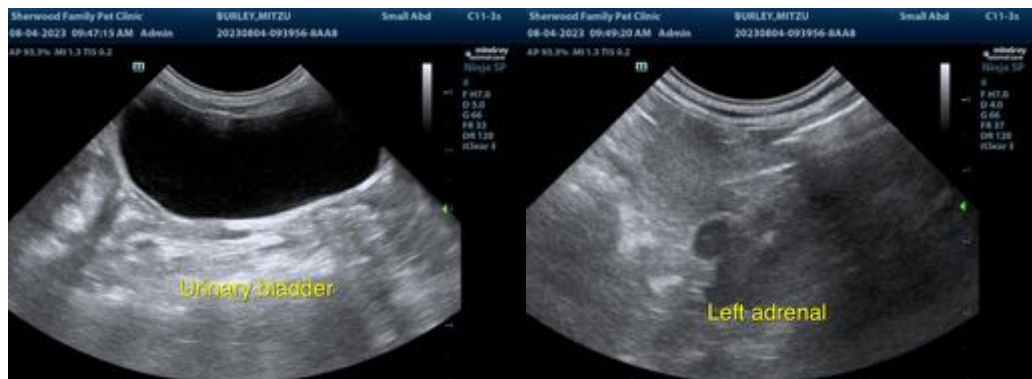
Robert Merrill

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PATIENT

Mitzu Burley

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 years

WEIGHT

5 lbs

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IMAGING PERFORMED BY

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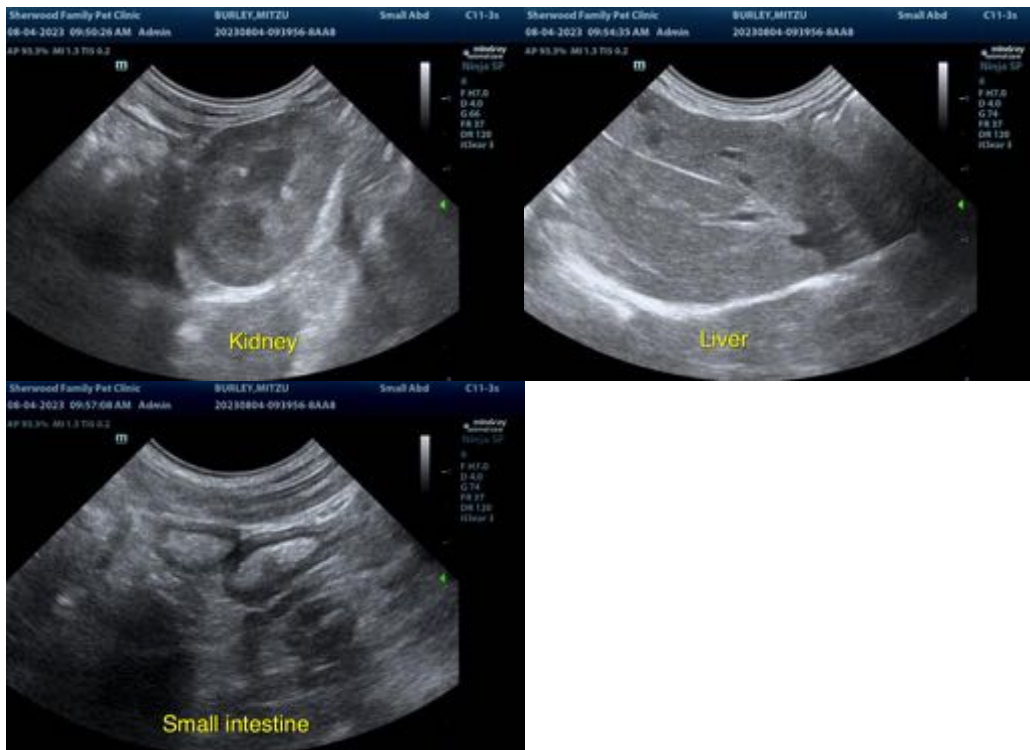
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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