

PATIENT PRESENTING CLINICAL SIGNS

Dale Baumgarth History: IBD with hypocobalaminemia with improvement with therapy. Recent pancreatitis that improved with therapy. Showing ongoing hyporexia and diarrhea.

SPECIES Physical Examination: N/A.

Feline Urinalysis: N/A.

BREED CBC: Neutrophilia, monocytosis.

DSH Serum Biochemistry: Elevated fPL.

Radiographic Findings: N/A.

SEX

MN

AGE

12 years

WEIGHT

6.8 #

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. Moderate amount of floating hyperechogenic sediment. No uroliths evident.

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.7 cm, right 3.8 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and pelvis.

Adrenal Glands

Normal size, shape, position, and echogenic appearance.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Normal bile duct.

Gastrointestinal

Normal appearance of the pylorus, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and no lumen distension.

Pancreas

Enlarged with a hypoechoic appearance. Irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

INVOICE

302526

DATE

8/18/21

IMAGING PERFORMED BY

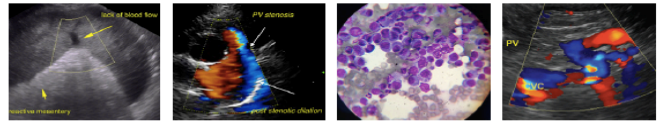
Dr Jo Goodman

HOSPITAL NAME

Evendale Blue Ash Pet
Hospital

REFERRING VET

Dr Jo Goodman



PATIENT *Free Abdomen*

Dale Baumgarth
No mesenteric lymphadenomegaly.
No ascites.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Pancreatitis.
- Focal peritonitis/intestinal clumping in the cranial abdomen.

Secondary Findings:

- Urinary bladder sediment.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

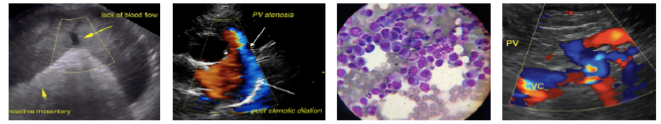
The appearance of the pancreas is typical for pancreatitis.

Although the appearance of the cranial abdomen is most likely from the pancreatitis, focal intestinal perforation (foreign body, granulomatous enteritis, neoplasia) needs to be considered, especially if there is not a satisfactory improvement.

The urinary bladder sediment is most likely incidental with cystitis (sterile, bacterial), a differential diagnosis.

Further assessment would be urinalysis.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy of the pancreatitis would be fluid therapy as needed, analgesics (opioids and NSAIDs), anti-emetics, and gastric protectants (omeprazole, sucralfate). Regular ultrasounds to monitor the cranial abdomen and for possible development of bile duct obstruction would be recommended.



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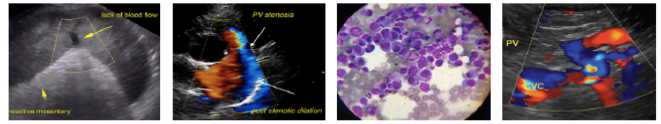
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IMAGES

Pancreas





PATIENT

Cranial abdomen

Dale Baumgarth

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

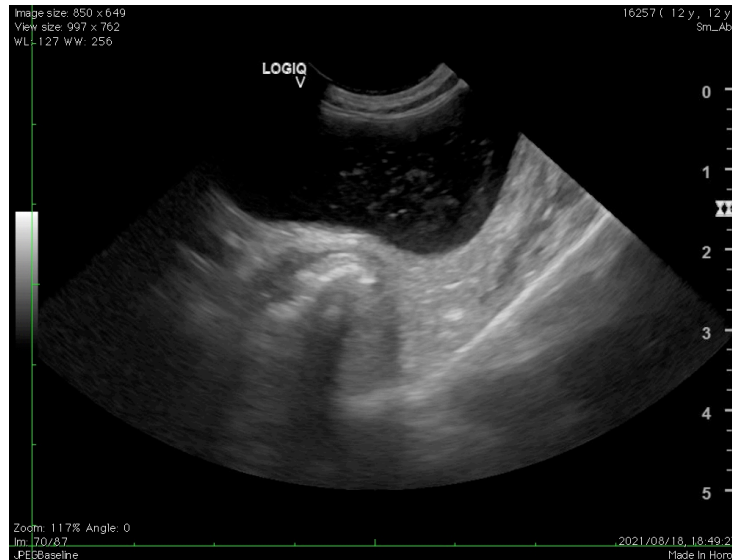
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Urinary bladder



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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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