



PATIENT PRESENTING CLINICAL SIGNS

Lilly Josaitis Pet presented in June of 2022 for treatment for constipation and was diagnosed with diabetes mellitus at that time. There has been significant difficulty regulating the BG's with diet and insulin, and intermittent constipation remains an issue. Due to the poor response to treatment, an abdominal ultrasound was done in July. A liver mass and pancreatitis were diagnosed and a CT was recommended to better evaluate the pathology.

SPECIES

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

BREED

Plain and post contrast studies available for review.

DSH

COMPUTED TOMOGRAPHIC FINDINGS

SEX

FS

Extensive multicystic expansion of the left limb of the pancreas is noted. Multiple thin walled cystic cavities appear to be connected with each other and connect with a severely dilated pancreatic duct. The overall length of the multicystic expansile structure is 11cm, diameter is approximately 4cm. There is a severe mass effect exerted by this structure in the cranial abdomen caudal to the stomach and within the portal hilus. The portal vein is pushed laterally. The right limb of the pancreas presents cystic expansion of its pancreatic duct. The large cystic structure connects with the mildly dilated common bile duct as well. Mild peripheral fat stranding in the periphery of the expansile cystic structure is noted.

AGE

7 Years, 10 Months

No evidence of portal lymphadenomegaly is seen.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

There is no evidence of a liver mass.

A small mineral attenuating structure is seen within the gallbladder.

The stomach presents within normal limits.

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The spleen appears to be volume contracted with mildly irregular surface.

The kidneys and adrenal glands present within normal limits.

The gastrointestinal tract and abdominal lymph nodes present within normal limits.

REFERRING VET

Dr. John Wilson

The coxofemoral joints present mild dysplasia and osteoarthritis.

Multiple peribronchial interstitial infiltrates are seen in the periphery of the lung in its dorsal dependent aspect.

INVOICE

53397

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect large pancreatic pseudocyst with pancreatitis and mild common bile duct dilation.
- Biliary microlithiasis.
- Splenopathy.
- Multifocal subpleural interstitial consolidation of the lung.

DATE

8-9-22



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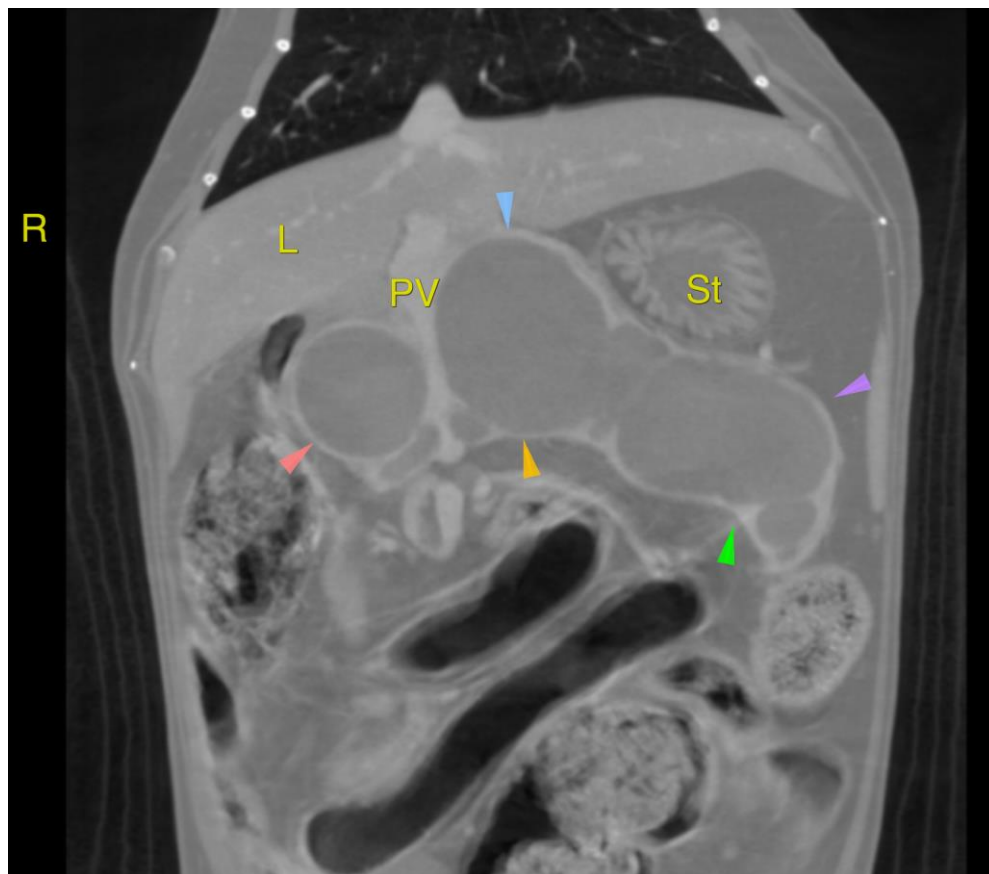
8-9-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are highly suggestive for a pancreatic pseudocyst. Pancreatic abscess, liver cyst, tumor with central tumoral necrosis all are thought by far less likely. Surgical resection with or without prior cyst drainage could be considered. There is evidence of concurrent pancreatitis and mild regional peritonitis.

The splenic changes are likely to represent reactive splenitis. A neoplastic infiltrate is thought unlikely.

Note the presence of multifocal interstitial consolidation in the dependent portions of the included lung. These changes may represent atelectasis, infarcts, pneumonic, or fibrotic changes. Neoplasia is thought unlikely but cannot be ruled out entirely.





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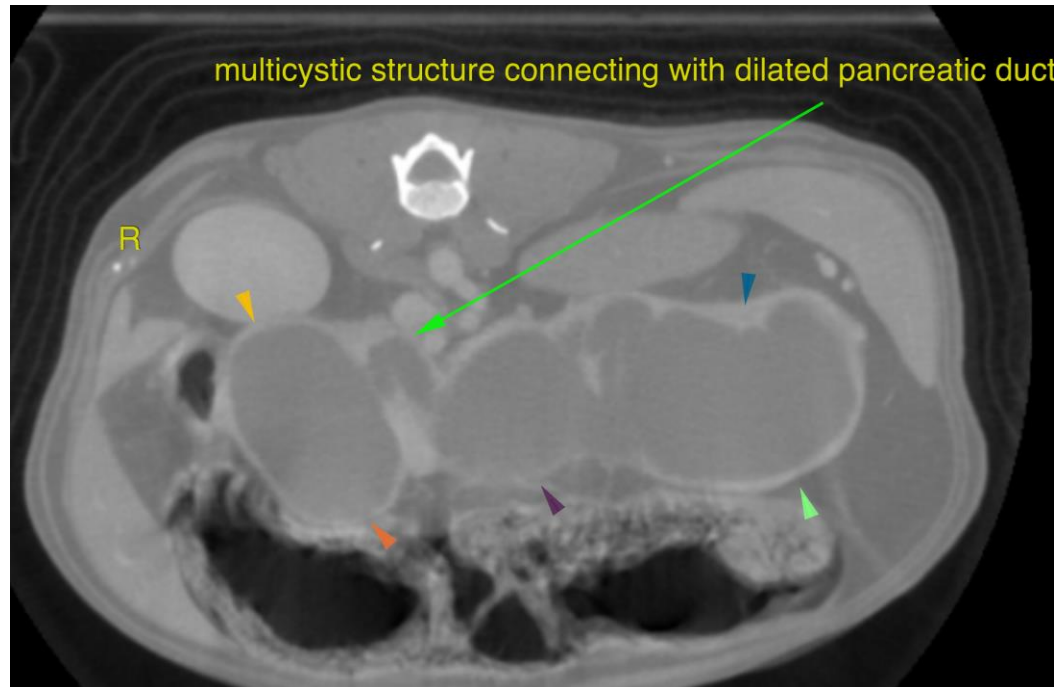
DSH

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multicystic structure connecting with dilated pancreatic duct

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

HOSPITAL NAME

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