



PATIENT

Patches Lera

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

12.8 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Heron Lakes Animal
Hospital

REFERRING VET

INVOICE

303675

DATE

12/17/22

PRESENTING CLINICAL SIGNS

History: Not comfortable, lethargic.

Physical Examination: N/A.

Urinalysis: 1.036.

CBC: Anemia.

Serum Biochemistry: Elevated liver enzyme activity and urea. Low-normal albumin.

Radiographic Findings: N/A.

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 with no uroliths evident.

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.1 cm, right 4.3 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

Reproductive System

N/A.

Adrenal Glands

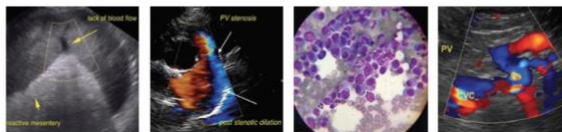
Normal shape, echogenic appearance, position, and size. Left 0.37 cm, right 0.47 cm.

Spleen

Enlarged (1.2 cm) with a normal echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Large mottled echogenic poorly vascularized parenchymal mass (3.3 x 4.9 cm) in the left medial lobe. Full gall bladder containing large amount of hyperechogenic sediment. Normal thickness with a hyperechogenic appearance of the gall bladder wall. Dilated (0.9 cm) and tortuous bile duct containing hyperechogenic sediment.



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.33 cm, jejunum 0.32 cm) and peristaltic activity, and no distension of the lumen.

Pancreas

Enlarged (1 cm) with a diffuse hyperechogenic appearance and irregular capsule. Visible pancreatic duct. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
Small amount of acellular ascites.
Hyperechogenic appearance of the mesentery.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Pancreatitis.
- Bile duct obstruction.
- Hepatic mass.
- Splenomegaly.
- Mesenteric inflammation.
- Ascites.

Secondary findings:

- Age-related renal changes.
- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS IMAGES

The appearance of the pancreas is consistent with pancreatitis and most resulting in bile duct obstruction, mesenteric inflammation, ascites, and reactive splenomegaly.

Etiologies for the hepatic mass would be neoplasia and granuloma.

Further assessment would be urine analysis, fPL/PSL assay, serum bilirubin, and FNA cytology of the hepatic mass.

Initial management would be fluid therapy, analgesics, and anti-emetics. Follow up ultrasound of the gall bladder and bile duct would be recommended and if there is progressive distension and/or progressive elevation in serum bilirubin then a laparotomy would be indicated.



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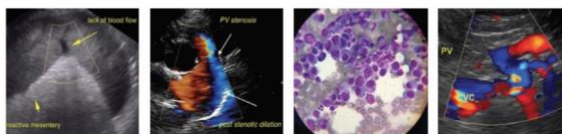
IMAGES

Liver



Gall bladder





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Bile duct



Spleen



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.

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