



**PATIENT PRESENTING CLINICAL SIGNS**

Stella Burrow History: Acute onset vomiting that responded to symptomatic therapy but now showing anorexia. On Cerenia, amoxicillin, gabapentin, and SQ fluids.

**SPECIES** Physical Examination: N/A.

Feline Urinalysis: N/A.

**BREED** CBC: Normal.

DLH Serum Biochemistry: Elevated glucose, liver enzyme activity, bilirubin, and lipase.  
Radiographic Findings: N/A.

**SEX**

FS

**AGE**

6 years

**WEIGHT**

20.4 #

**INTERPRETED BY**

Remo Lobetti, BVSc,  
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**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Small urinary bladder with a normal appearance and thickness of the wall. Normal anechoic urine with no sediment or uroliths evident.

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4 cm, right 4.3 cm), echogenic appearance, cortico-medullary differentiation, capsule and pelvis.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Left 0.36 cm, right 0.38 cm.

**Spleen**

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

**Liver**

Enlarged with a diffuse hyperechogenic appearance, and loss of portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.22 cm)

**Gastrointestinal**

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

**INVOICE**

302846

**DATE**

3/28/22

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Family Pet Practice



**PATIENT** *Pancreas*

Stella Burrow Enlarged with a diffuse hypoechogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Feline No mesenteric lymphadenomegaly.  
Small amount of ascites.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

DLH Primary Findings:

- SEX**
- Pancreatitis.
  - Hepatopathy.

FS

**AGE** Secondary Findings:

- 6 years
- Ascites.
  - Intra-abdominal fat accumulation.

**WEIGHT**

20.4 #

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the pancreas is consistent with pancreatitis.

The most likely etiology for the hepatopathy would be hepatic lipidosis, with cholangio-hepatitis complex, FIP, and infiltrative neoplasia, differential diagnoses.

The ascites can be ascribed as secondary to the pancreatitis.

Further assessment that could be considered would be fPL/PSL assay and FNA cytology of the liver.

Management would be to continue with current therapy but to add NSAID and/or opioid analgesics as well as a low-fat intestinal diet, ideally via tube feeding.

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**PATIENT**

Stella Burrow

**IMAGES**

**Pancreas**

**SPECIES**

Feline

**BREED**

DLH

**SEX**

FS

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**PATIENT**      **Liver**

Stella Burrow

**SPECIES**

Feline

**BREED**

DLH

**SEX**

FS

**AGE**

6 years

**WEIGHT**

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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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