**PATIENT**

Duke Deraud

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

7 #

INTERPRETED BYRemo Lobetti, BVSc,
MMedVet (Med), PhD,
Dipl. ECVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VETUnion Lake Veterinary
Hospital**INVOICE**

302900

DATE

4/13/22

PRESENTING CLINICAL SIGNS

History: Chronic weigh loss with good appetite, possibly vomiting.

Physical Examination: N/A.

Urinalysis: SG 1.044, pH 7.5, 2+ protein, negative sediment.

CBC: Normal.

Serum Biochemistry: Elevated ALT and AST activity. Normal T4.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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

Normal trigone, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (right 4.2 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

Reproductive System

N/A.

Adrenal Glands

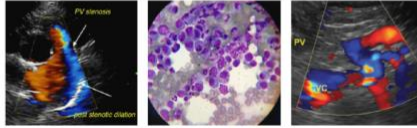
Normal shape, echogenic appearance, position, and size. Left 0.28 cm, right 0.33 cm.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted. Focal hyperechogenic parenchymal nodule (0.4 x 0.6 cm) in the tail of the spleen.

Liver

Normal size with an increased and coarse echogenic appearance, and some loss of portal markings. No nodules or masses evident. Full gall bladder containing small amount of hyperechogenic non-adherent sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.24 cm).

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Gastrointestinal

Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.4 cm) and peristaltic activity, and no distension of the lumen. Mild thickening of the small intestine (0.3 cm) with a prominent hypoechoic appearance of the submucosal layer but with no loss of layering or distension of the lumen.

Pancreas

Normal size with a diffuse hyperechoic appearance and an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes (0.3 cm).
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Pancreatitis.
- Hepatopathy.
- Enteropathy.

Secondary Findings:

- Splenic myelolipoma.
- Gall bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the pancreas would be inactive chronic pancreatitis and fibrosis.

Etiologies for the hepatopathy would be reactive, cholangio-hepatitis complex, early granulomatous disease, and infiltrative neoplasia.

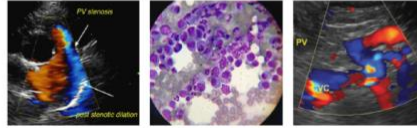
Etiologies for the enteropathy would be inflammatory bowel disease, parasitic enteritis, and dietary hypersensitivity, with emerging lymphoma a far less likely differential diagnosis.

Further assessment would be fecal analysis, cPL/PSL assay, FNA cytology of the liver, and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be novel protein/hypoallergenic diet, course of fenbendazole and/or metronidazole, and possibly prednisolone.

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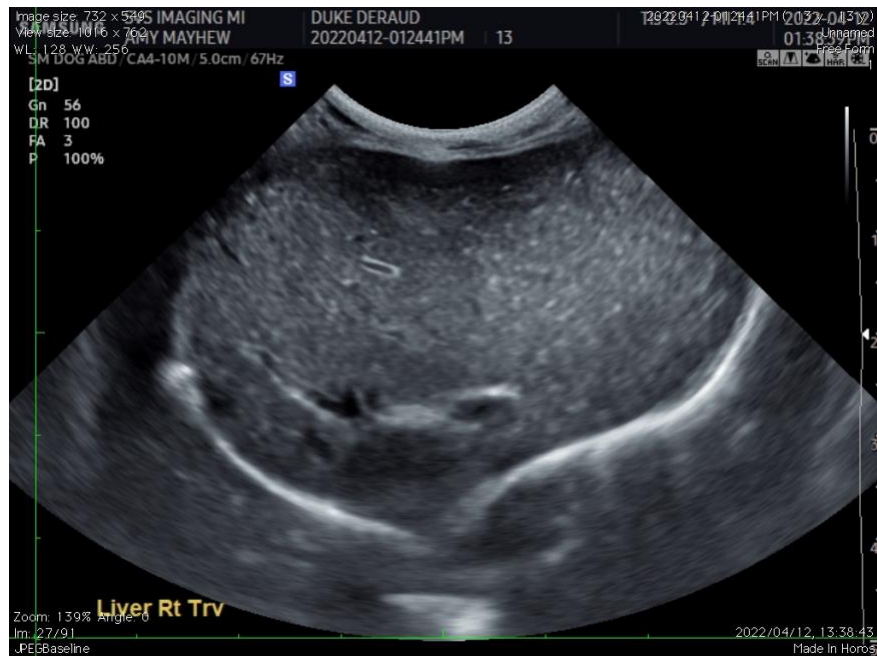
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IMAGES

Pancreas

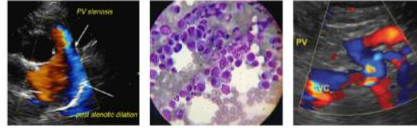


Liver



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SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Small intestine

Duke Deraud

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Dipl. ECVIM

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)
rlobetti@mweb.co.za

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