

PATIENT

Tawnya Aliotti

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

4 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Brent Crutchfield,
DVM

HOSPITAL NAME

Treasure Coast
Animal Emergency

REFERRING VET

Dr Cail

INVOICE

302911

DATE

4/15/22

PRESENTING CLINICAL SIGNS

History: N/A.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: Elevated liver enzyme activity and bilirubin.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full 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 3.5 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, position, and size.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvilinear 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. Full gall bladder containing small amount of dependent hyperechogenic sediment. Thickened, irregular, and hyperechogenic appearance of the gall bladder wall. Dilated and tortuous bile duct with a hypoechoic mass within the common bile duct.



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Gastrointestinal

Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristalsis, and no distension of the lumen. Thickening of the duodenum and small intestine with a prominent hypoechoic appearance of the submucosal layer with mucosal stippling but no loss of layering or distension of the lumen.

Pancreas

Enlarged with a mottled echogenic and nodular appearance and an irregular capsule. Hyperechoic appearance of the mesentery and fat surrounding the pancreas. Regional lymphadenomegaly.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Nodular pancreatitis.
- Bile duct obstruction.
- Bile duct mass.
- Cholecystitis.
- Enteropathy.

Secondary findings:

- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the pancreas would be chronic pancreatitis and neoplasia.

Likely etiologies for the bile duct obstruction would be from the intra-luminal mass and secondary to the pancreatic pathology.

The most likely etiology for the bile duct mass would be neoplasia, with a granuloma a differential diagnosis.

The appearance of the gall bladder is consistent with cholecystitis.

Etiologies for the enteropathy would be inflammatory bowel disease, parasitic enteritis, granulomatous enteritis, dietary hypersensitivity, and lymphoma.

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

Specific therapy would be dependent on an etiological diagnosis.



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IMAGES

Pancreas



Gall bladder



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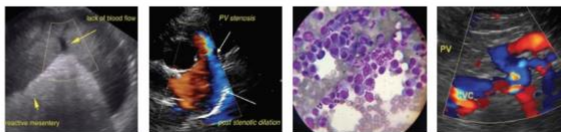
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Bile duct



Small intestine



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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.

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