



PATIENT PRESENTING CLINICAL SIGNS

Sassafras Gedutis History: Anorexia, vomiting bile, constipation.

SPECIES Physical Examination: Hypertension.

Feline Previous Urinalysis: N/A.

BREED CBC: Thrombocytosis.

DLH Serum Biochemistry: Elevated liver enzyme activity and bilirubin.

DLH Radiographic Findings: N/A.

SEX

FS

AGE

12 years

WEIGHT

3.9 kg

INTERPRETED BY

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

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 area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal size with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Large cyst on the left kidney.

Adrenal Glands

Poorly visualized.

Spleen

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

Liver

Enlarged with rounded edges, normal size with a mottled echogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Distended gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct.

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.

Pancreas

Enlarged and irregular with a hyperechogenic appearance. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

IMAGING PERFORMED BY

Tiffany Moore, DVM

HOSPITAL NAME

Lone Mountain Animal
Hospital

REFERRING VET

Tiffany Moore, DVM

INVOICE

303362

DATE

8/31/22



PATIENT *Free Abdomen*

Sassafras Gedutis
No mesenteric lymphadenomegaly.
Small amount of ascites.

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ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Pancreatitis.
- Hepatopathy.
- Ascites.

Secondary findings:

- Age-related renal changes with left renal cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with pancreatitis with a possible secondary partial obstruction of the bile duct.

Etiologies for the hepatopathy would be secondary to the pancreatitis, cholangio-hepatitis complex, lipidosis, granulomatous disease, and infiltrative neoplasia.

The ascites can be ascribed to the pancreatitis.

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

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be intestinal diet, anti-emetics, opioid analgesic, and ursodiol. Ultrasound monitoring of the gall bladder would be recommended.



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IMAGES

Left kidney



Liver





PATIENT Pancreas

Sassafras Gedutis

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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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