



PATIENT PRESENTING CLINICAL SIGNS

Lulu Moore History: Few months duration inappetence with elevated liver enzyme activity. Good response to antibiotics and relapses when antibiotics finished. Stable weight.

SPECIES Physical Examination: N/A.

Feline Urinalysis: N/A.

BREED CBC: Neutrophilia, lymphocytosis, monocytosis

DLH Serum Biochemistry: Hyperglycemia, elevated liver enzyme activity, bilirubin, and globulins. fPL pending.

SEX Radiographic Findings: N/A.

FS

AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

16 years **Urinary System**

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

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

INTERPRETED BY Normal iliac lymph nodes. Ureters not visualized.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM Normal renal size (left 3.4 cm, right 4 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

Reproductive System

IMAGING PERFORMED BY N/A.

Dr Callihan/PCMV **Adrenal Glands**

HOSPITAL NAME Normal shape, echogenic appearance, position, and size. Left 0.62 cm.

Skagit Animal Clinic **Spleen**

REFERRING VET Normal size (0.9 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

INVOICE **Liver**

303443 Normal size with a diffuse increased echogenic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Dilated bile duct (0.7 cm) with no obvious obstruction.

DATE

9/30/22



PATIENT *Gastrointestinal*

Lulu Moore Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (small intestine 0.35 cm) and peristaltic activity and no distension of the lumen.

SPECIES

Feline

Pancreas

BREED

Enlarged with mottled echogenic appearance. Irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

DLH

Free Abdomen

SEX

Focal mesenteric lymphadenomegaly (3.6 cm) with irregular shape and hypoechogenic appearance.

FS

Hyperechogenic appearance of the mesentery associated with the lymphadenomegaly.

AGE

No ascites.

16 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

4.1 kg

Primary Findings:

- Hepatopathy.
- Chronic pancreatitis.
- Focal lymphadenomegaly with associated mesenteric inflammation.

INTERPRETED BY

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

Secondary Findings:

- Dilated bile duct.
- Age-related renal changes.

IMAGING PERFORMED BY

Dr Callihan/PCMV

HOSPITAL NAME

Skagit Animal Clinic

REFERRING VET

Dr Harvey

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatopathy would be bacterial cholangio-hepatitis secondary to an ascending bacterial infection from the dilated bile duct, the latter either an age-related finding or from previous infection. Other etiologies for the hepatopathy would be lipidosis, granulomatous disease, and infiltrative neoplasia.

The appearance of the pancreatitis is typical for chronic pancreatitis and with the hyperglycemia may be causing secondary diabetes mellitus.

Etiologies for the lymph node would be reactive, lymphadenitis, granulomatous disease, and infiltrative neoplasia.

INVOICE

Further assessment would be fructosamine, FNA cytology of the liver and lymph node, and possibly cholecentesis for cytology and culture.

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Specific therapy would be dependent on an etiological diagnosis.

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PATIENT IMAGES

Lulu Moore **Liver**

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

16 years

WEIGHT

4.1 kg



INTERPRETED BY

Lymph nodes

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IMAGING PERFORMED BY

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PATIENT Pancreas

Lulu Moore

SPECIES

Feline

BREED

DLH

SEX

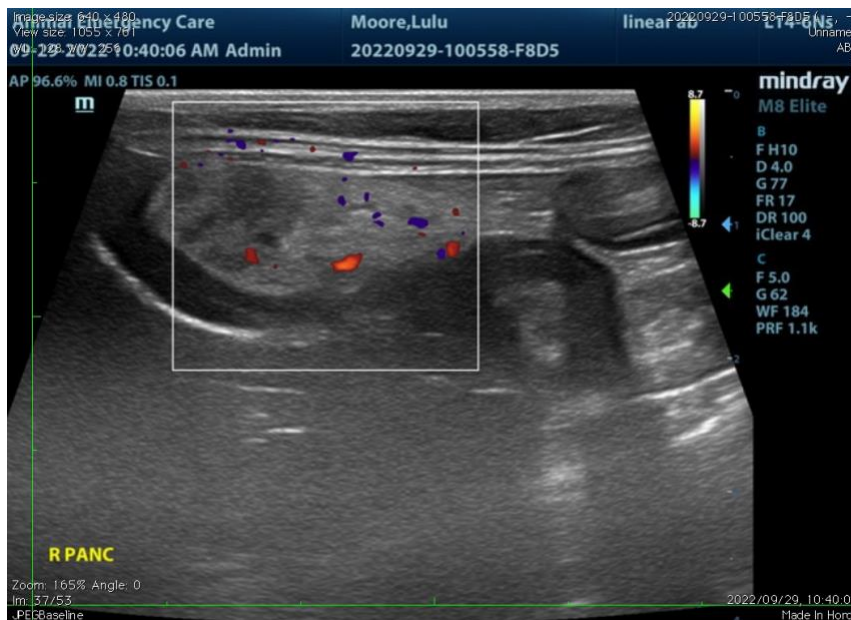
FS

AGE

16 years

WEIGHT

4.1 kg



INTERPRETED BY

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MMedVet (Med), PhD, 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.

IMAGING PERFORMED BY

Dr Callihan/PCMV

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HOSPITAL NAME

Skagit Animal Clinic

REFERRING VET

Dr Harvey

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