



PATIENT

Mako Zappone

SPECIES

Feline

BREED

Tiger

SEX

Neutered male

AGE

14 years

WEIGHT

9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hougentogler

HOSPITAL NAME

K-Vet Animal Care

REFERRING VET

Dr. Hougentogler

INVOICE

71385

DATE

2/9/26

PRESENTING CLINICAL SIGNS

- Patient was in for mass removal; history of elevated liver enzymes; pre-op bloodwork showed elevated liver enzymes and anemia.
- BAR; exam done sedated due to high FAS; firm, 0.5 cm diameter subcuticular mass on right hind leg just distal to tarsal joint on lateral aspect of the leg
- Sonographer's impressions for this exam: Prominent left limb of the pancreas; otherwise unremarkable
- ALT - 365; ALP - 200; HCT - 24.8%

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a scant amount of floating, hyperechogenic sediment. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.3 cm, right measured 4.5 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.5 cm in length x 0.38 cm and 0.29 cm in width. The right adrenal gland measured 1.21 cm in length x 0.34 cm and 0.33 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.8 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Fecal material was present within the colon.

Pancreas

The pancreas was enlarged (left measured 0.7 cm) with a mottled echogenic and coarse appearance and an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The visible pancreatic duct measured 0.1 cm in diameter.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Chronic pancreatitis versus pancreatic fibrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the liver appears ultrasonographically normal, with the elevated liver enzyme activity an underlying hepatopathy such as reactive hyperplasia, vacuolar and metabolic should still be considered.

Further assessment would be FPL/PSL assay and T4 assay (if not already done), FNA cytology of the subcutaneous mass as well as of the liver.

A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.



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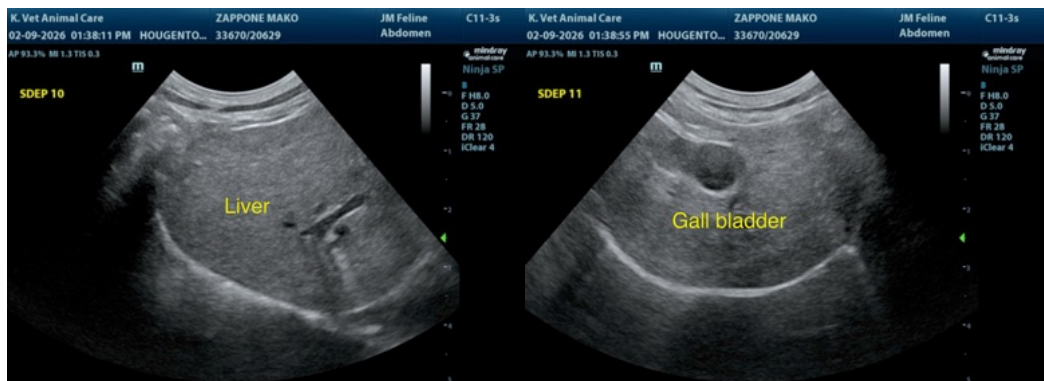
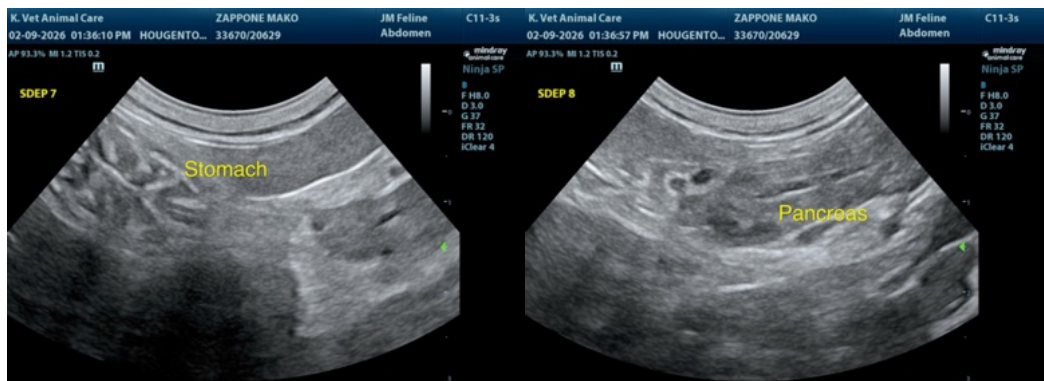
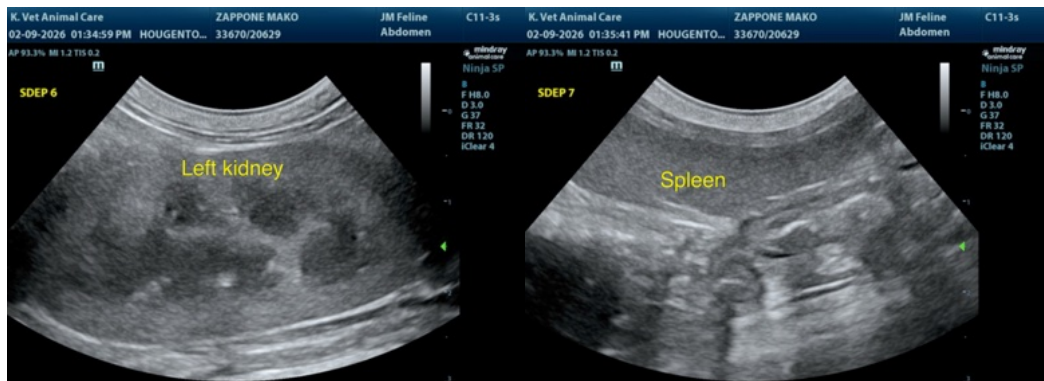
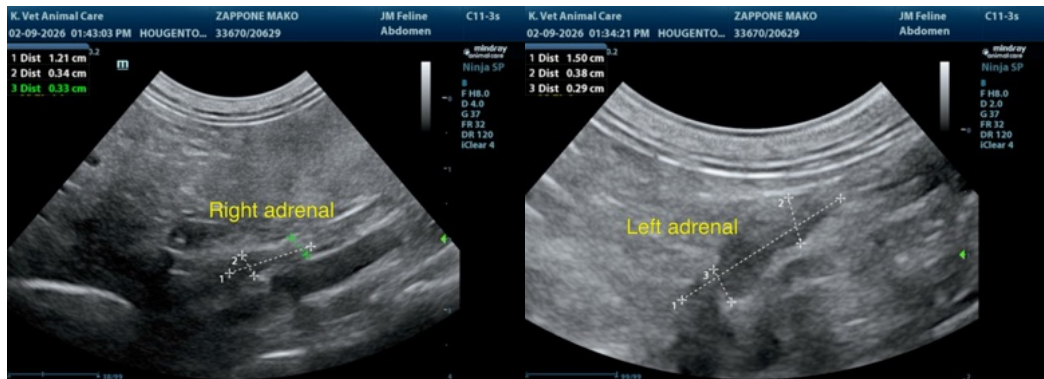
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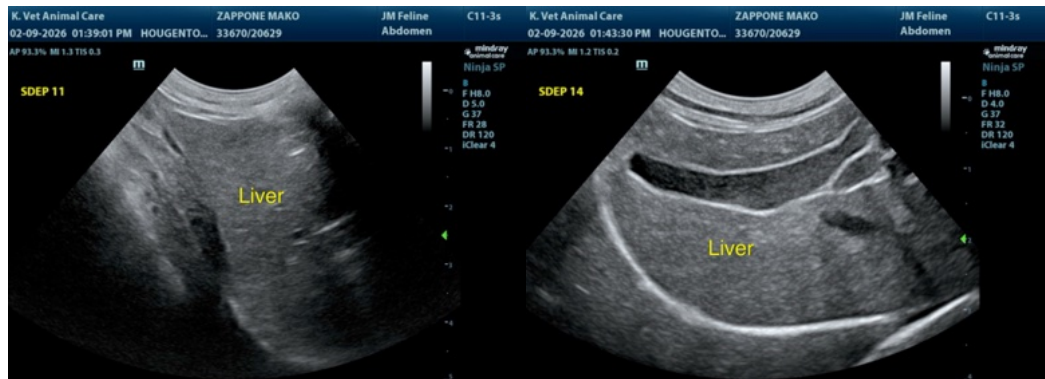
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com