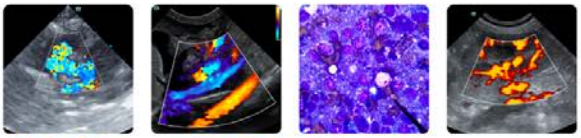

PATIENT

Lily Wechtler

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years 9 Months

WEIGHT

14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Midland Park Veterinary Hospital

REFERRING VET

Dr. Shokoff

INVOICE

73673

DATE

3/13/26

PRESENTING CLINICAL SIGNS

Anorexia, Vomiting, Jaundice. 1wk anorexia, vomiting. Jaundice noted yesterday

Current medications - Cerenia, Famotidine, Convenia

Abnormal PE/Chem/CBC/UA Results: Neutrophils 14.44, BUN 13, Sodium 148, Potassium 3.0, Chloride 108, TP 10.3, Glob 7.3, ALT not registered on machine, ALP 210, GGT 51, Tbili 9.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and smooth appearance of the wall. 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left measured 4.4 cm. Right measured 4.8 cm. Normal color flow pattern evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measured 1.0 cm in length x 0.47 cm in width. Right measured 1.18 cm in length x 0.50 cm in width.

Spleen

Normal size (0.80 cm in width) 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.

Liver

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

Gallbladder

Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Dilated cystic and common bile ducts, measuring up to 0.80 cm in diameter with no obvious obstruction evident.

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.

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Pancreas

Enlarged left pancreas measuring 0.80 cm in width, with a hypoechogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Dilated bile duct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of pancreas is consistent with acute pancreatitis. The most likely etiology for the dilated bile duct would be secondary to the pancreatitis. Although pancreatitis can result in elevated liver enzyme activity, with the severely elevated ALT activity in this patient, acute hepatitis such as toxins, viral and bacterial should still be considered.

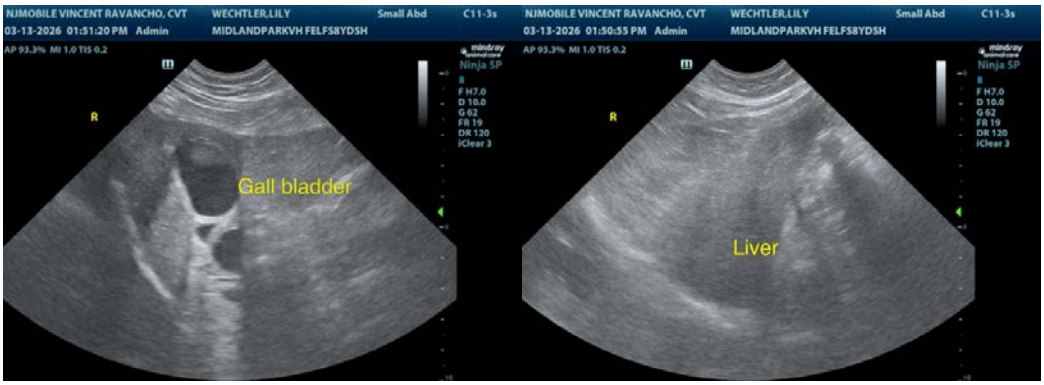
Although the elevated globulins can be ascribed as secondary to the pancreatitis and/or the liver inflammation, FIP would be an important differential diagnosis.

Further assessment would be fPL/PSL assay, serum protein electrophoresis, and FNA cytology of the liver.

Further specific therapy would be dependent on an etiological diagnosis.

Management would include fluid therapy, correction of the hypokalemia, antiemetics, opioid analgesics, and feeding smal frequent meals of an intestinal type diet.

Monitoring of the bile duct would be recommended. If there is any progressive distention or increase in bilirubin levels, then surgical stenting may be required.



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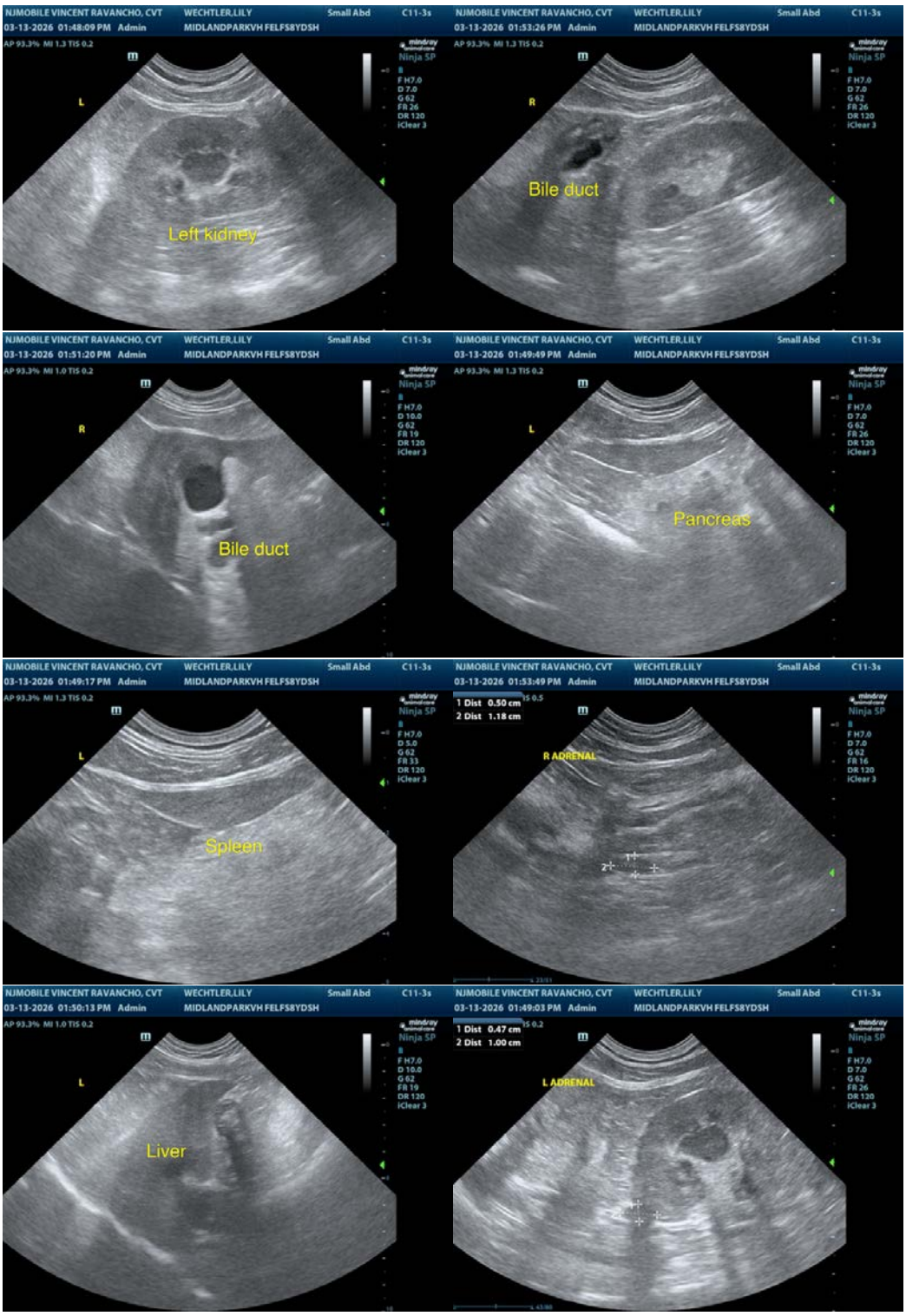
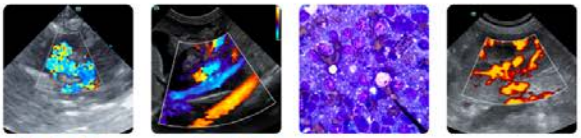


New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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Educational Teleconsultation Services™

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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)

info@sonopath.com