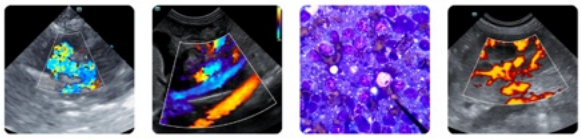


PATIENT

Misty Kent

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

2012

WEIGHT

10.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Veterinary House Calls, PC

REFERRING VET

Dr. Nebel

INVOICE

78298

DATE

6/2/26

PRESENTING CLINICAL SIGNS

History: gallop rhythm, weight loss of 5 lbs in last 1 1/2 years and ^LFTs. Labs attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment.

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 3.5 cm and right measured 3.6 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys. Small, incidental, cortical cysts were noted in the cranial pole of the left kidney measuring 0.3 cm in size.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.95 cm in length and 0.43 cm and 0.31 cm in width. The right adrenal gland measured 0.68 cm in length x 0.41 cm in width.

Spleen

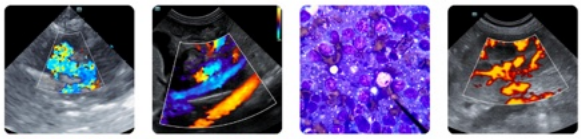
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.6 cm in width.

Liver

Normal size with a diffuse, increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing a small amount of non-adhered, hyperechogenic sediment, normal thickness and echogenic appearance of the wall. Tortuous appearance of the cystic and the common bile



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ducts but with a normal size. 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. The small intestine measured up to 0.19 cm.

Pancreas

Normal size and echogenic appearance of the left lobe. Enlarged right pancreatic lobe measuring 0.7 cm with a mottled echogenic appearance and an irregular capsule. Increased echogenic appearance of the mesentery and fat surrounding the right pancreatic lobe.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Chronic pancreatitis.
- Hepatopathy.
- Age related renal changes versus early chronic kidney disease.
- Gallbladder sediment.
- Tortuous bile duct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a less likely differential diagnosis.

The gallbladder sediment can be considered and incidental finding.

The appearance of the bile duct can be considered an incidental age related change.

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

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

Management of the hepatoatphy would be the use of Ursodiol with regular monitoring of liver enzyme activity.

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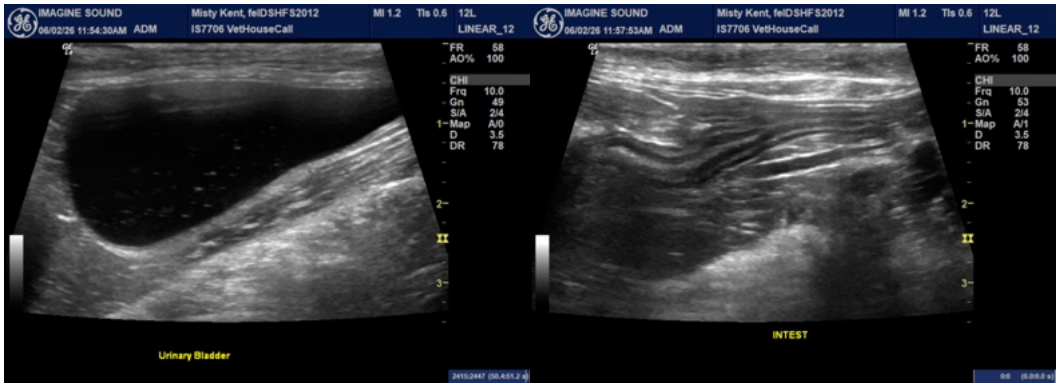
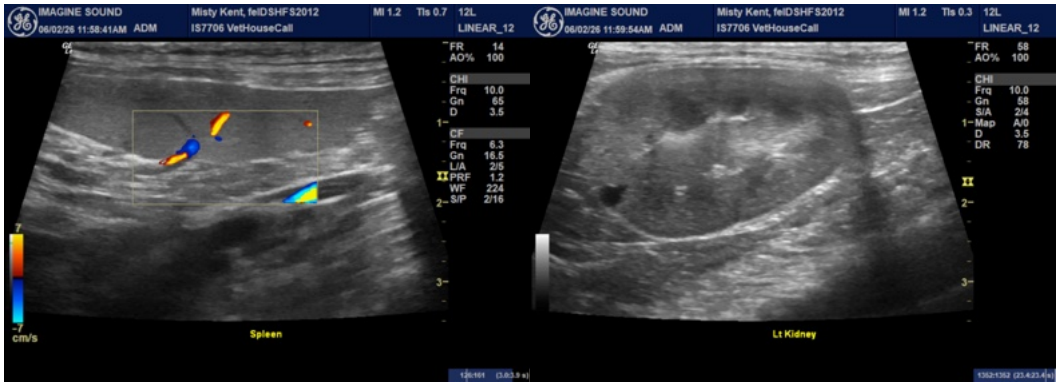
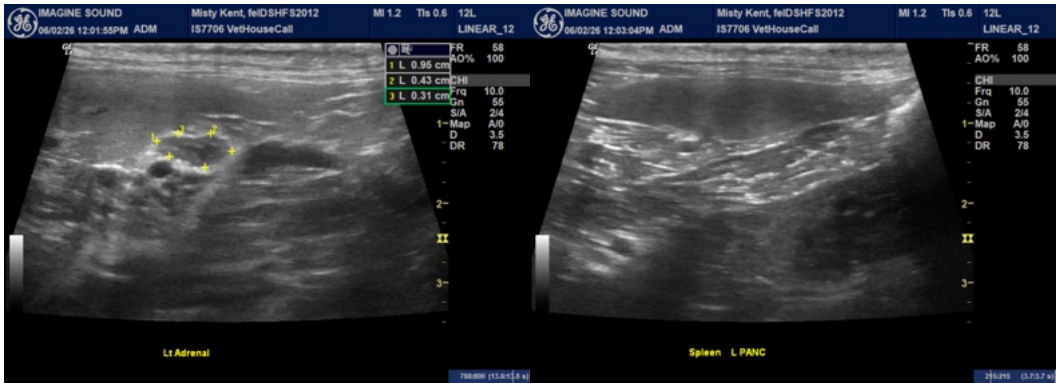
Management of the pancreatitis would be feeding small frequent meals of a intestinal type diet and the use of analgesics and antiemetics as needed.







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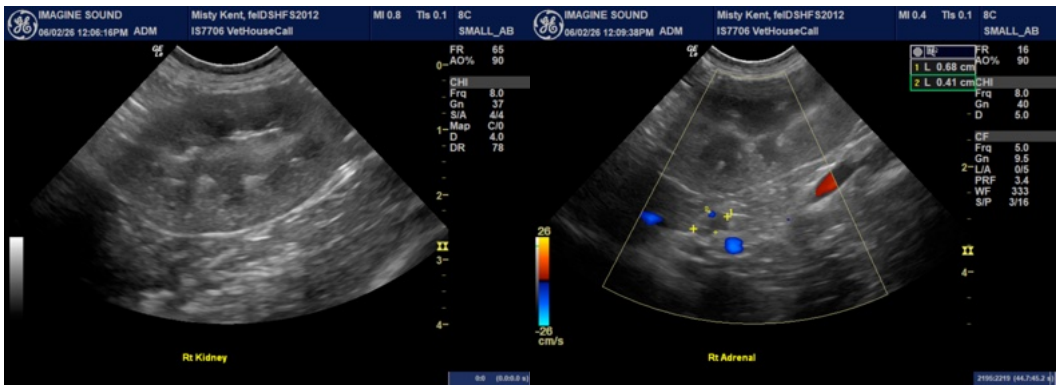

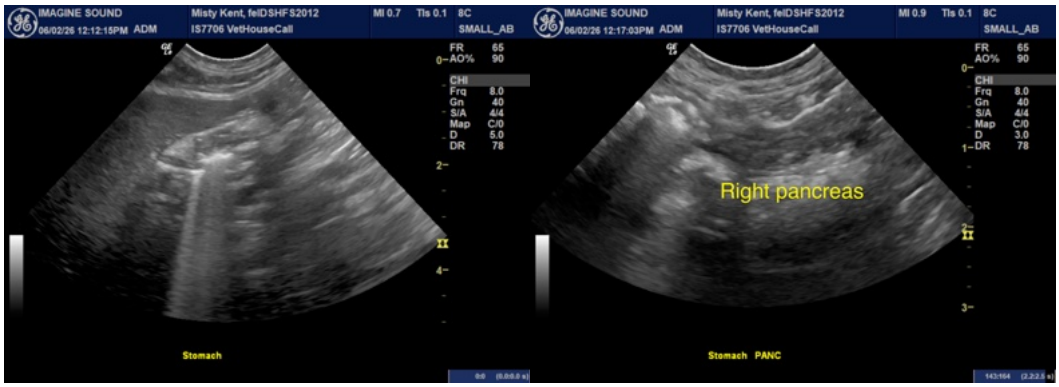

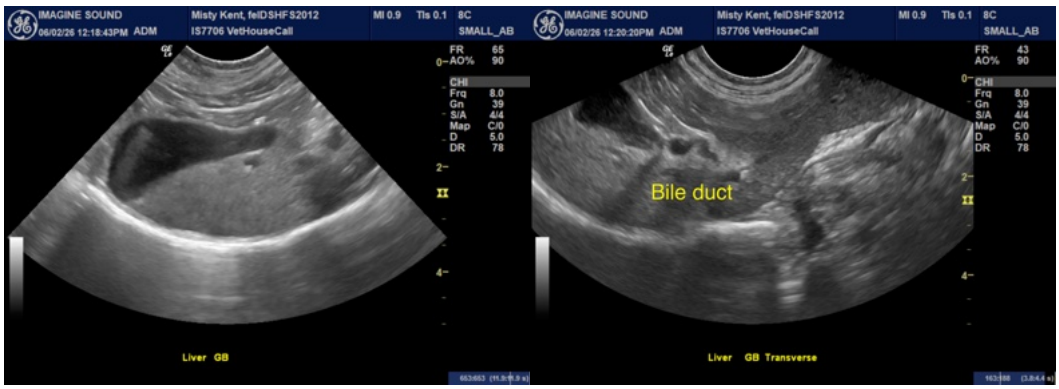

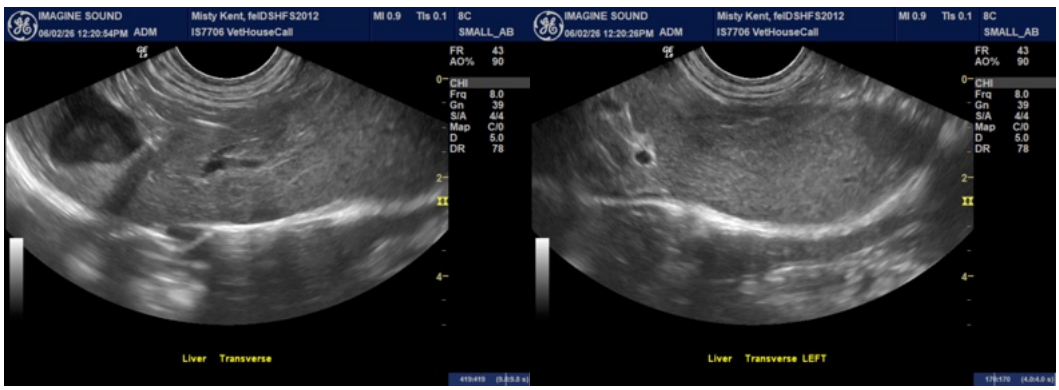

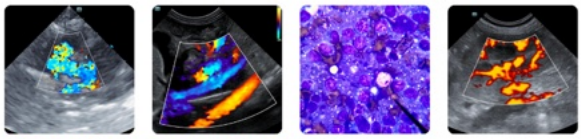

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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