

PATIENT

Burlious Fosseneuve

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

4.53 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cory

HOSPITAL NAME

Brighton Veterinary
Clinic P.C. Inc.

REFERRING VET

Dr. Sproat

INVOICE

12114

DATE

6/5/2026

PRESENTING CLINICAL SIGNS

History of triaditis diagnosed via ultrasound and was hospitalized at VMC 2024. Supportive care successfully treated latest episode and has been stable ever since. Not on any chronic medications. Was given an Emavert injection 10mg/ml June 5/26. Suspect either severe pancreatitis or pancreatic cancer.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing scant amount of floating hyperechogenic sediment with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no 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 kidney measures 4.0 cm and the right kidney measures 4.3 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 0.35 cm in width, and the right adrenal measures 0.4 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 measures 0.9 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.

Gallbladder

Full 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, 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. Normal thickness of the small intestine with no loss of layering but with an increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen. Fecal material present within the colon.



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Pancreas

Enlarged size (left pancreas is 1.1 cm in width) with a hypoechoic and nodular appearance and an irregular capsule. Mild increase in echogenic appearance of the mesentery and fat surrounding the pancreas. Nodules are small, hypoechoic and measure approximately 0.4 cm in size.

Free Abdomen

Normal mesenteric lymph nodes.

Small amount of ascites present in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic pathology.
- Enteropathy.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

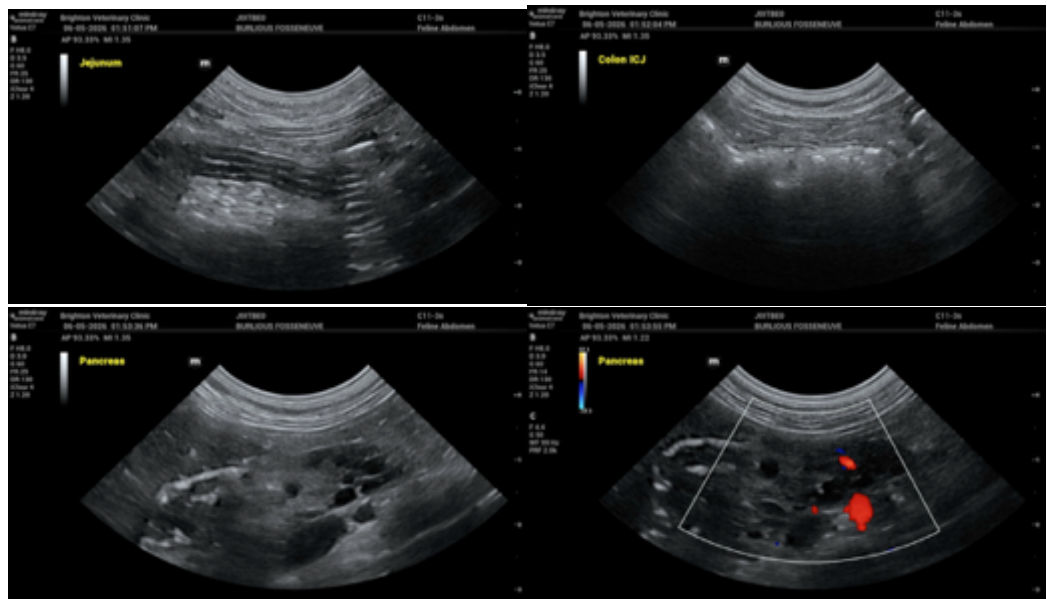
Etiologies for the pancreatic pathology would be chronic active pancreatitis, granulomatous disease, and neoplasia.

The most likely etiology for the enteropathy would be inflammatory bowel disease as per the patient's history.

The ascites can be ascribed as secondary to the pancreatic pathology.

Further assessment would be Three View thoracic radiographs, FPL/PSL assay, analysis of the ascitic fluid if possible, and FNA cytology of the pancreas.

Specific therapy would be dependent on an etiological diagnosis.





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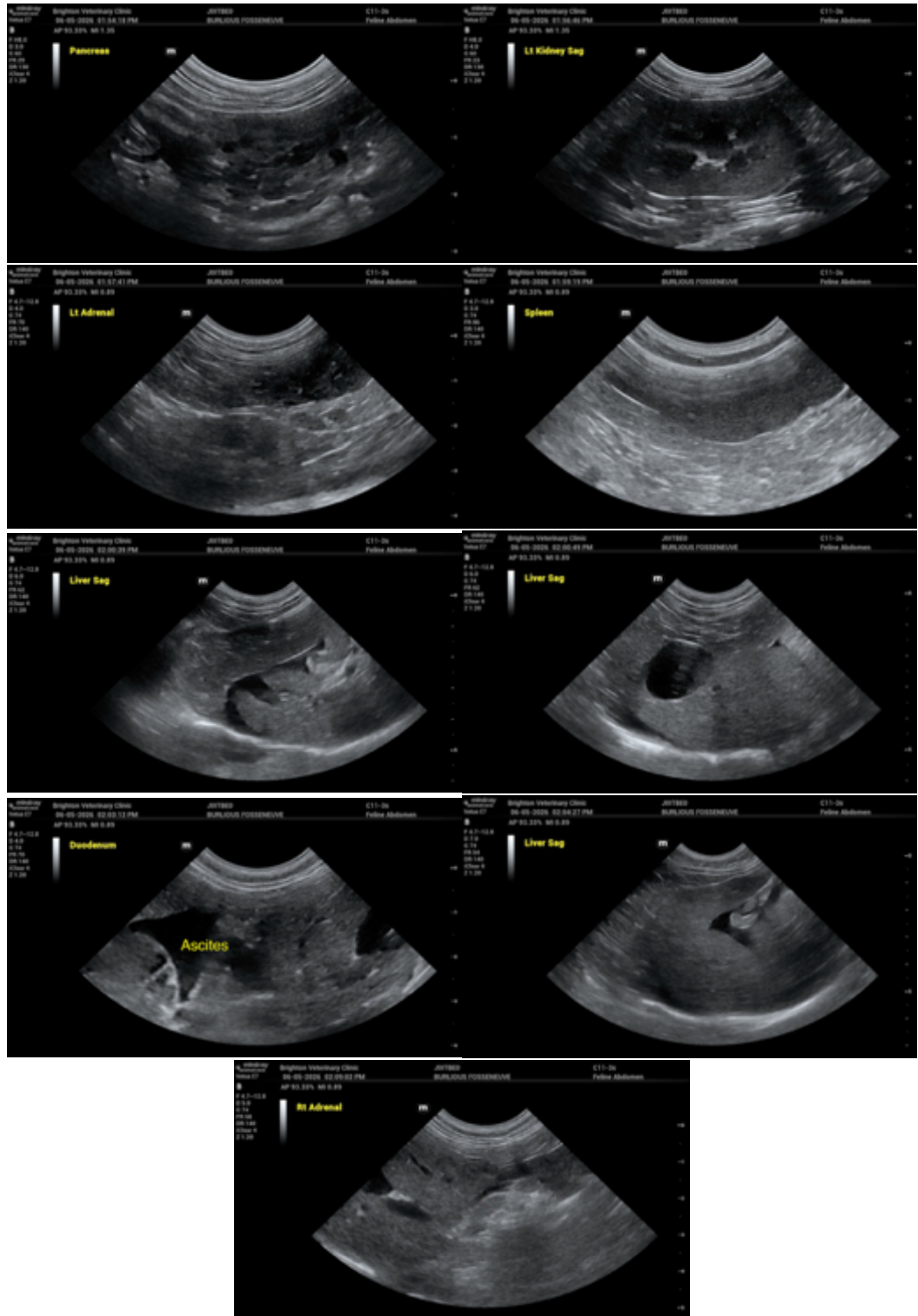
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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