



PATIENT	PRESENTING CLINICAL SIGNS
Bruce Carlson	History: Elevated bilirubin, mass effect
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Moderate amount of floating, hyperechogenic sediment present. No uroliths evident.
DSH	Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.
SEX	Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.
Neutered Male	
AGE	The left kidney is small (2.80 cm) and irregular with increased echogenic appearance, loss of corticomedullary differentiation, pyelectasia and pinpoint mineralization. The right kidney is enlarged (5.00 cm) with normal architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left renal pelvis measured 0.20 cm.
11 years	
WEIGHT	
8 lbs	
INTERPRETED BY	Adrenal Glands
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM	Normal shape, echogenic appearance, size (left 0.26 cm / right 0.52 cm), position, and appearance of the visible peri-renal vasculature.
IMAGING PERFORMED BY	Spleen
Sonya Myers DVM	Enlarged (1.00 cm) with a hypoechoic 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.
HOSPITAL NAME	Liver
Lake Emma AH	Enlarged with rounded edges, a diffuse, mottled echogenic appearance, some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.
REFERRING VET	Gallbladder
Wilder	The gallbladder is distended, containing large amount of hyperechogenic sediment, with a thickened and hyperechogenic appearance of the wall. Dilated intrahepatic biliary ducts, as well as the cystic and common bile duct, with a thickened appearance of the wall. Focal, hyperechogenic, irregular vascularized mass (measuring 1.50 x 1.60 cm) at the level of the distal bile duct. Normal size (0.30 cm) of the bile duct distal to the mass.
INVOICE	Gastrointestinal
13742	Normal appearance of the stomach, duodenum (0.26 cm), jejunum (0.19 cm) small intestine, ileo-cecal junction, and colon (0.12 cm) with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.
DATE	Pancreas
7.20.23	Enlarged (left 0.80 cm, 1.20 cm) with a hypoechoic and irregular appearance. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.
	Free Abdomen
	Normal mesenteric lymph nodes (an example measuring 0.90 cm).



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Neutered Male

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MMedVet (Med),
PhD, Dipl. ECVIM

**IMAGING
PERFORMED BY**

Sonya Myers DVM

HOSPITAL NAME

Lake Emma AH

REFERRING VET

Wilder

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Small amount of acellular ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bile duct obstruction
- Hepatopathy
- Pancreatitis
- Splenic pathology

Secondary Findings

- Left renal pathology, with compensation of the right kidney
- Urinary bladder sediment
- Ascites

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the mass causing the biliary obstruction would be neoplasia, granulomatous reaction and secondary to the pancreatitis.

The most likely etiology for the hepatopathy would be secondary to the bile duct obstruction, with cholangiohepatitis, lipidosis, and infiltrative neoplasia differential diagnoses.

The most likely etiology for the appearance of the spleen would be reactive, secondary to the pancreatitis and bile duct obstruction.

The ascites can be ascribed to the intrabdominal pathology.

Etiologies for the appearance of the left kidney would be previous obstructive neuropathy, bacterial nephritis, congenital anomaly.

Further assessment would be three-view thoracic radiographs. As there is obstruction of the bile duct, a laparotomy would be indicated, which will allow for stenting of the bile duct, as well as obtaining biopsies of the mass and the liver.

Specific therapy would be dependent on an etiological diagnosis.



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HOSPITAL NAME

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REFERRING VET

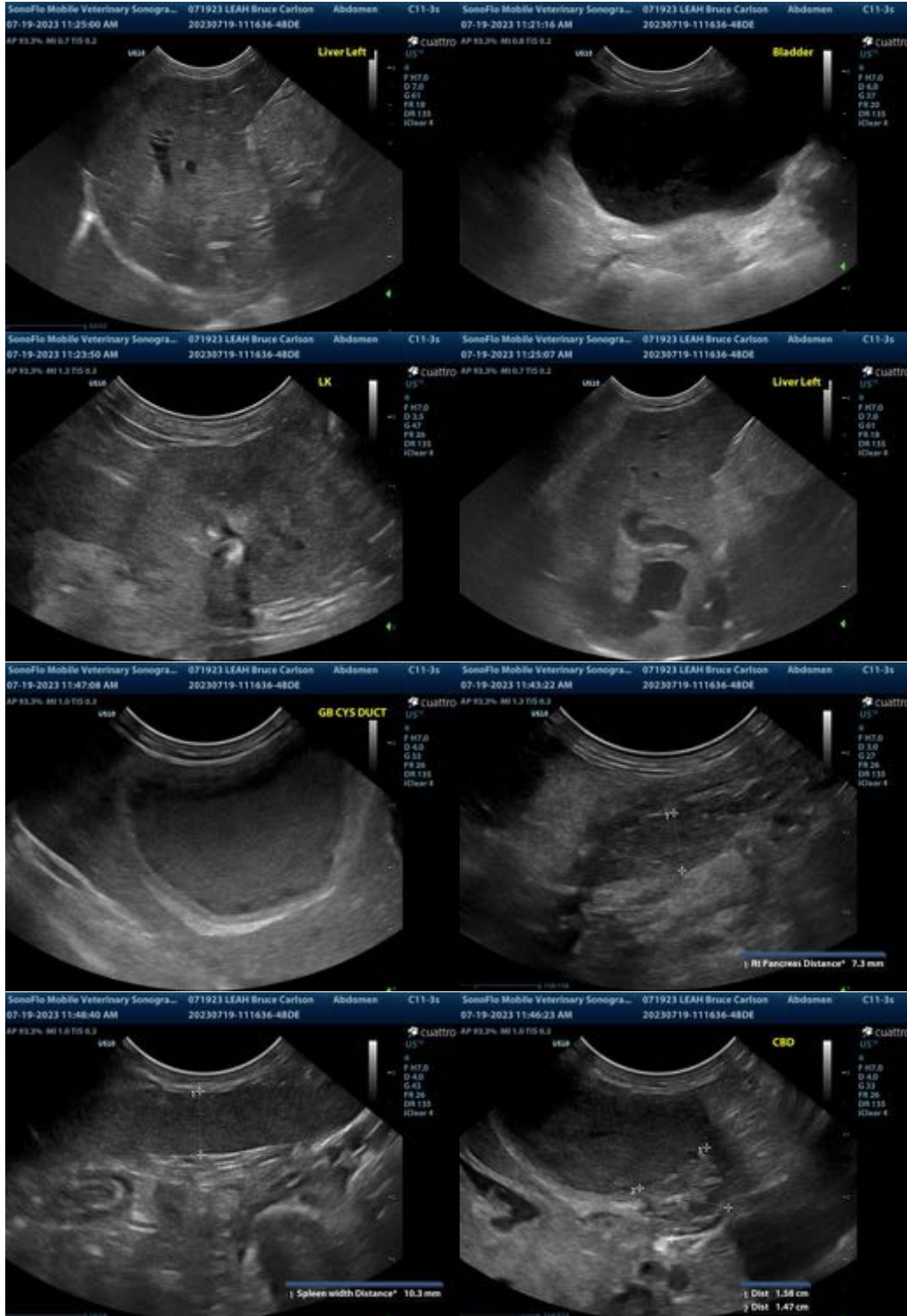
Wilder

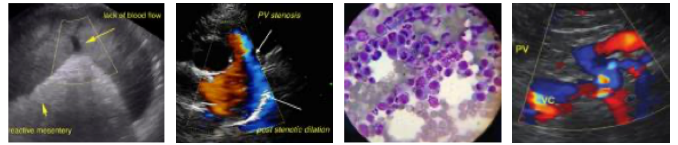
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Bruce Carlson

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.

SPECIES

Feline

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.

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