



PATIENT

Maggie Emery

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

7.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Fowler

HOSPITAL NAME

Portland Veterinary
Wellness Center

REFERRING VET

Dr. Erickson

INVOICE

75992

DATE

7/7/23

PRESENTING CLINICAL SIGNS

History: P seen 6/24 for weight loss over a couple months. vomiting 1 x wk, and 6/23 vomited 3x during the day, was howling before vomiting, e/d normal. Labs and rads performed 6/25 which indicated suspicion for GI FB but neoplasia, underlying GI disease, adhesions could not be excluded. P has been on convenia for pyuria and bacteruria since 6/28 Was on elura for app simulation and b12 and cerenia, do not believe p is currently taking any medications. P has been feeling better at home last few days, eating, drinking and grooming. weight 6/25 was 7.8 lbs, wt today was 7.25 lbs today. Abnormal PE/Chem/CBC/UA Results: temp normal 101.4, gums seem slightly pale from 6/25 Leukocytosis with monocytosis and neutrophilia, mild Hyperglycemia - mild, stress suspected Mild inc in cardiopet T4 2.3 isosthenuria, pyuria and bacteruria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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. The left kidney measured 3.1 cm and the right kidney measured 3.0 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature. The left adrenal gland measured 0.29 cm.

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.

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

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



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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.

Pancreas

The pancreas is enlarged with a hypoechoogenic appearance and irregular capsule. A hyperechoic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with pancreatitis. However, it would not account for the chronic weight loss reported. Other etiologies to consider for the weight loss would be primary intestinal disease (inflammatory cell disease, parasitic enteritis and dietary hypersensitivity) and possible cardiac disease as the proBNP is elevated.

Further assessment of the pancreas would be FPL/PSL assay. Additional assessment that can be considered would be fecal analysis, survey thoracic radiographs, echocardiography and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Management of the pancreatitis would be feeding small, frequent meals of an intestinal diet and analgesics as needed.





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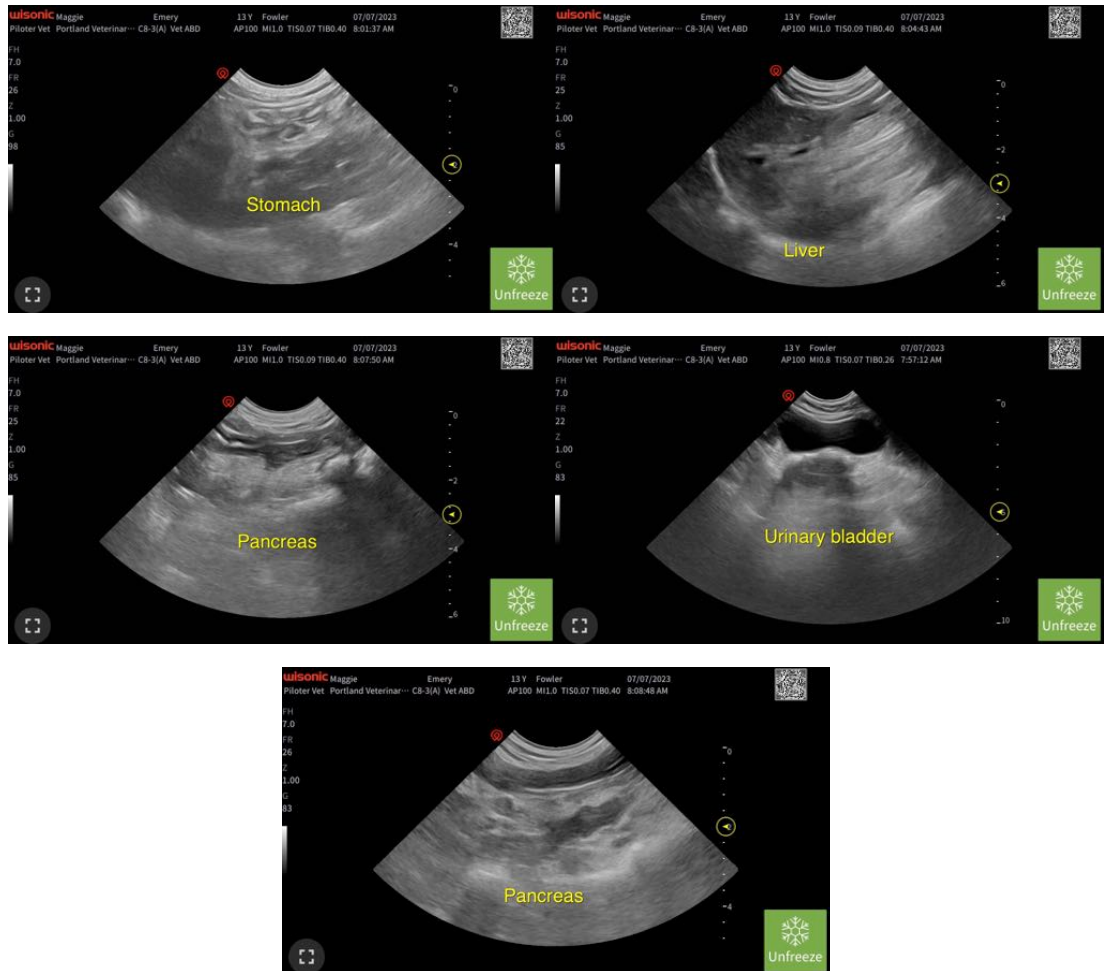
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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