



PATIENT PRESENTING CLINICAL SIGNS

Pixie Landress-Bowkett Elevated liver values, jaundice, V+ sometimes daily, dilated biliary tree, pancreatic duct and unidentified fluid filled structure.
 Abnormal PE/Chem/CBC/UA Results: Alt 371; Alp 340; GGT 16; TBili 2.7; Chol 343; Lymph 0.69; Mono 1.01; Baso 0.00

SPECIES COMPUTED TOMOGRAPHY OF THE ABDOMEN

Feline A high resolution pre- and post-contrast CT study of the abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

BREED

DLH

The intrahepatic parts of the biliary tree are significantly dilated and tortuous. The gallbladder is empty and presents an irregular thickened. Protruding from the right caudal aspect of the liver, a large (11.3 x 8.0 x 10.1 cm) peripheral contrast enhancing, and central fluid filled structure is appreciated, connecting to the intrahepatic biliary tree cranially and opening into the major duodenal papilla caudally. The large cavity mass is bulging into the peritoneal cavity, displacing the stomach & proximal duodenum caudally and dorsally, the pancreas dorsally and the small intestinal loops caudally.

SEX

FS

The volume of the pancreatic parenchyma is moderately decreased and has a mild lobulated appearance. The pancreatic duct is generalized dilated, measuring up to 13 mm.

AGE

11 Years

The abdominal serosal detail is lost, and a mild to moderate amount of fluid attenuating material is seen throughout the peritoneal cavity.

The body condition score is 2/9.

INTERPRETED BY

COMPUTED TOMOGRAPHIC DIAGNOSIS

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

- Marked cystic dilation of the common bile duct without signs of mechanical obstruction
- Thickened empty gallbladder
- Marked dilation pancreatic duct
- Atrophy of the pancreas
- Peritoneal effusion
- Emaciation

HOSPITAL NAME

SonoPath Imaging Center

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. DeMeo

The large cavity lesion in the right cranial abdomen is consistent with cystic dilation of the common bile duct and the presumptive diagnosis is choledochal cyst, a congenital malformation – the large cavity lesion is continuous with a non-/mildly dilated segment of the common bile duct opening in the major duodenal papilla without signs of mechanical obstruction. The appreciated changes are likely a sequela to long standing disease and secondary cholangitis & cholecystitis. Theoretically chronic cholangiohepatitis or biliary cystadenoma might be a potentials, but I would consider the odds lower.

INVOICE

57555

The atrophy of the pancreas is considered as a sequela to chronic pancreatitis.

DATE

3-31-23



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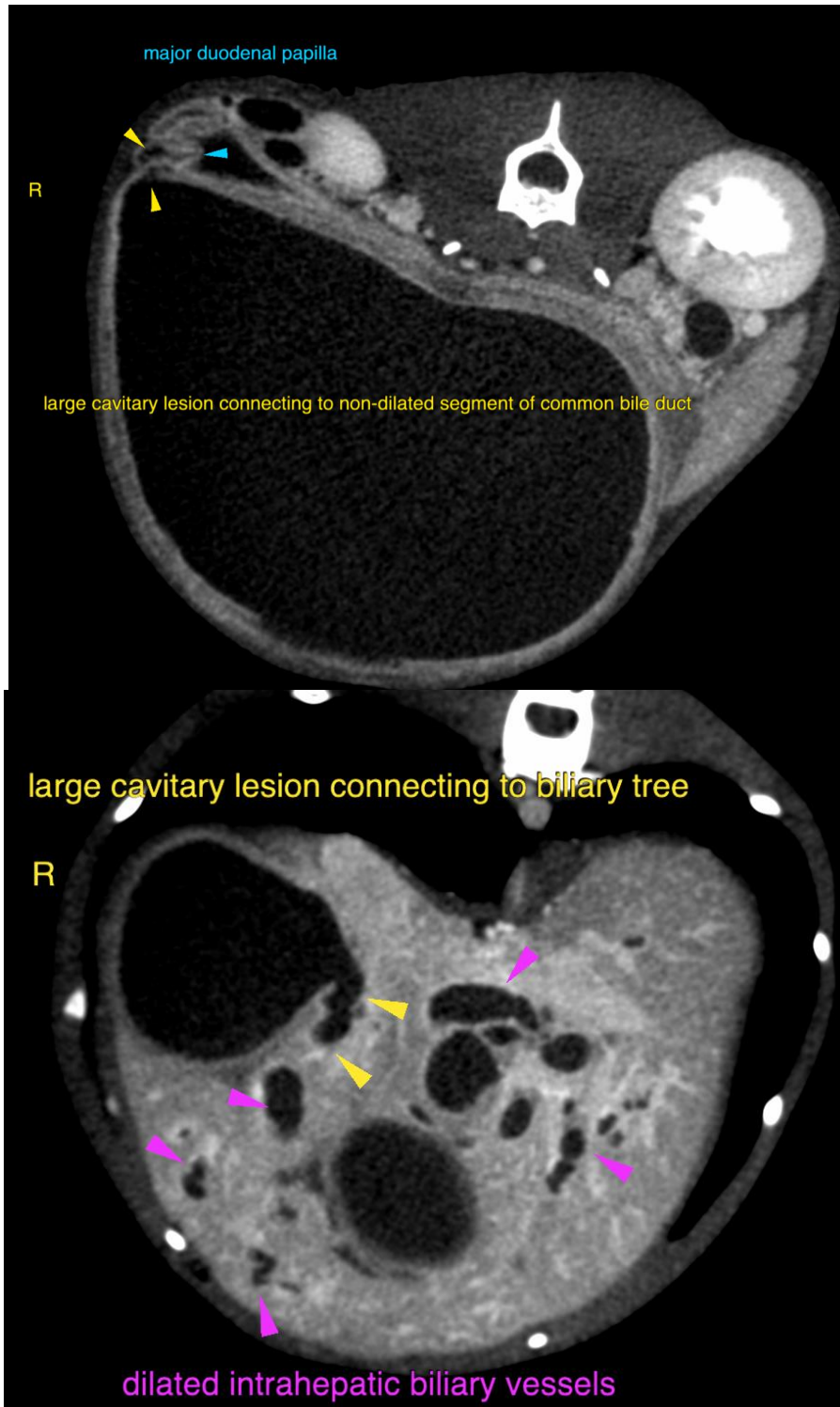
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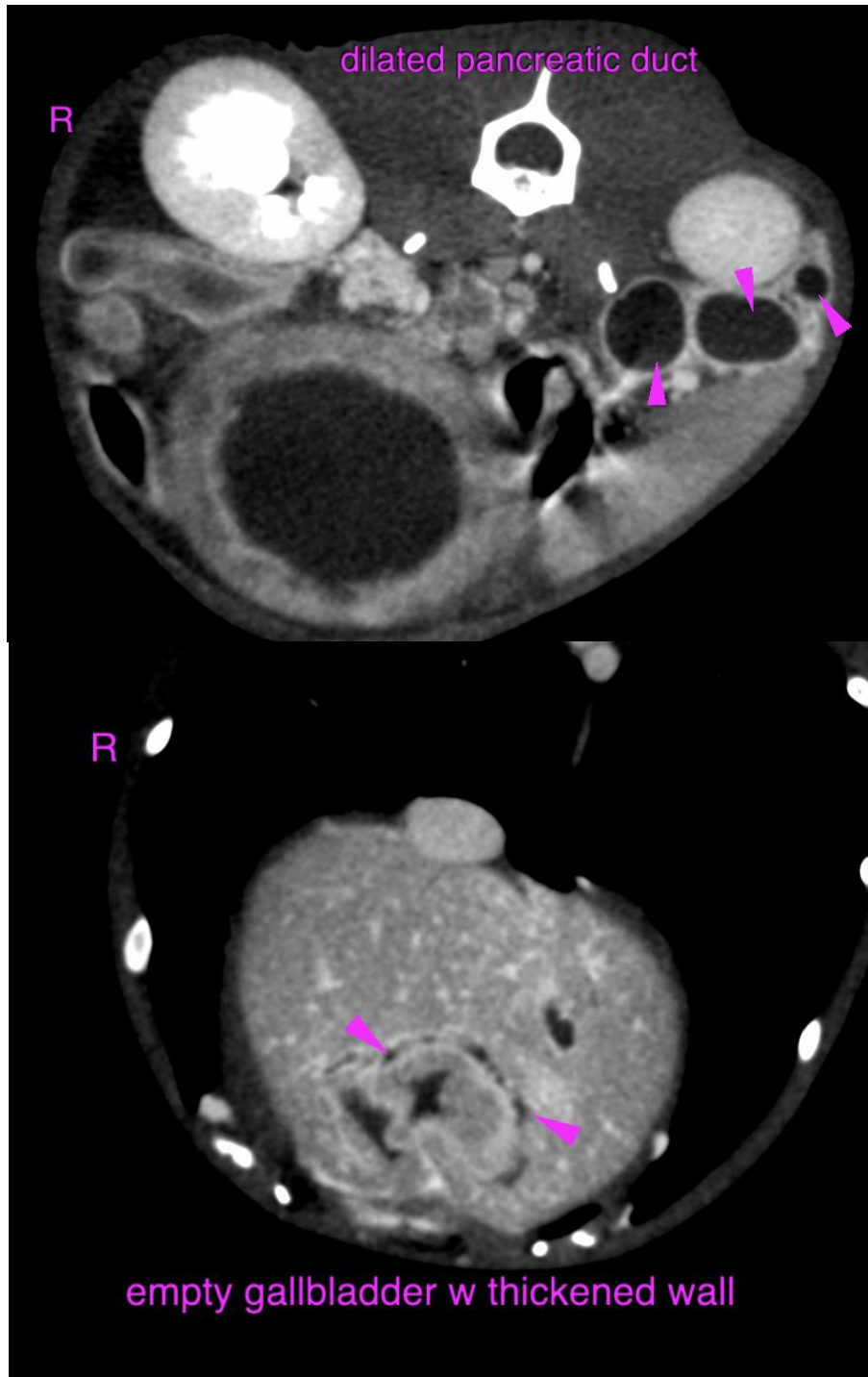
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

Feline

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