



**PATIENT PRESENTING CLINICAL SIGNS**

Nuala Bills History: Hyporexia and weight loss past few weeks.

**SPECIES** Physical Examination: N/A.

Feline Urinalysis: Normal.

CBC: Normal.

**BREED** Serum Biochemistry: Normal.

DSH Radiographic Findings: Normal abdomen and caudal thorax.

**SEX**

FS

**AGE**

11 years

**WEIGHT**

5 #

**INTERPRETED BY**

Remo Lobetti, BVSc,  
MMedVet (Med), PhD,  
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**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3 cm, right 3.2 cm), echogenic appearance, cortico-medullary differentiation, capsule, and pelvis.

**Reproductive System**

N/A.

**IMAGING PERFORMED BY**

M Kermendy, CVT

**Adrenal Glands**

Normal shape, position, echogenic appearance, and size.

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Clinic

**Spleen**

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**REFERRING VET**

Dr Michael Shimon, DVM

**Liver**

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Normal 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, normal wall thickness (small intestine 0.16 to 0.21 cm) and peristaltic activity, and no distension of the lumen. Prominent hypoechoic appearance of the submucosal layer of the small intestine.

**DATE**

11/17/21



**PATIENT** *Pancreas*

Nuala Bills Normal size and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Feline Prominent mesenteric lymph nodes.  
No ascites.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

DSH Primary findings:

- SEX**
- Enteropathy.
  - Prominent mesenteric lymph nodes.

FS Secondary findings:

- AGE**
- None.

11 years

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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MMedVet (Med), PhD,  
Dipl. ECVIM

Etiologies for the enteropathy would be parasitic enteritis, inflammatory bowel disease, and dietary hypersensitivity, with emerging lymphoma a less likely differential diagnosis.

Etiologies for the mesenteric lymphadenomegaly would be reactive, lymphadenitis, and lymphoma.

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Further assessment would be fecal analysis, cobalamine assay, and endoscopy of the upper GI tract with biopsies.

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic management of the enteropathy would be hypoallergenic/novel protein diet, course of metronidazole and/or fenbendazole, cobalamine supplementation, and possibly prednisolone.

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**PATIENT IMAGES**

Nuala Bills **Small intestine**

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

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**PATIENT** Mesenteric lymph nodes

Nuala Bills

**SPECIES**

Feline

**BREED**

DSH

**SEX**

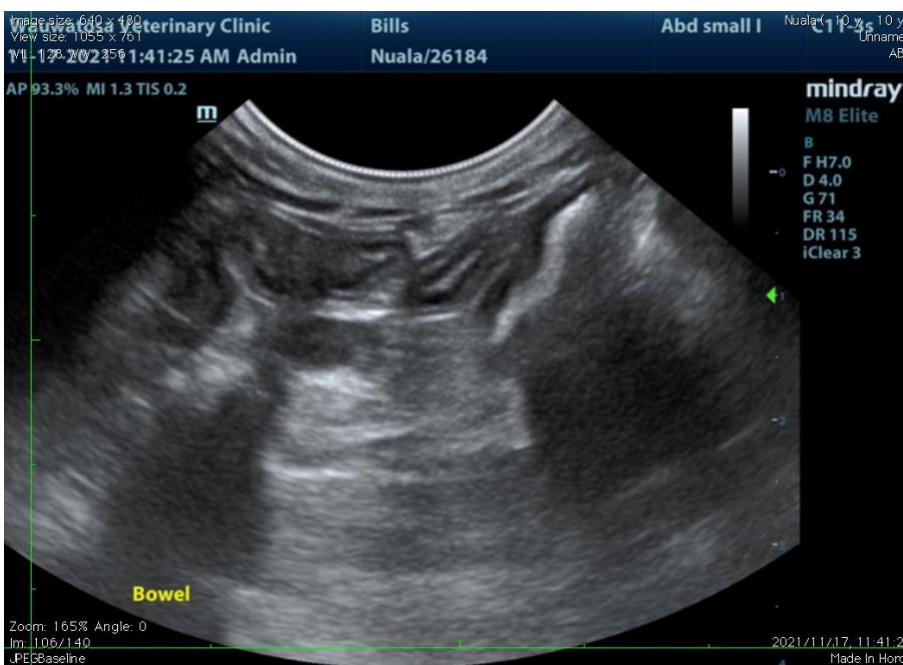
FS

**AGE**

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Dipl. ECVIM

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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