



PATIENT PRESENTING CLINICAL SIGNS

Snowball Hall History: Chronic diarrhea since 2019. Presented one month ago for second opinion for diarrhea and vomiting. Diagnosed and treated for hypocobalaminemia with initial improvement. Recently treated with Cerenia, famotidine, and fluid therapy.

SPECIES

Feline

Physical Examination: N/A.

Urinalysis: N/A.

BREED

CBC: N/A.

American Bobtail

Serum Biochemistry: N/A.

SEX

Radiographic Findings: N/A.

MN

AGE

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

10 years

Urinary System

WEIGHT

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

9.9 #

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

INTERPRETED BY

Normal iliac lymph nodes. Ureters not visualized.

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

Small left kidney (2.6 cm), normal size of right (4 cm) and both with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and pelvis.

Adrenal Glands

IMAGING PERFORMED BY

Poorly visualized but appear to be of normal size, shape, position, and echogenic appearance.

Dr Jo Goodman

Spleen

HOSPITAL NAME

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.

Evendale Blue Ash Pet
Hospital

Liver

REFERRING VET

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Normal bile duct.

Dr Stephanie Wehmer

INVOICE

Gastrointestinal

302575

Normal appearance of the pylorus, stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and no lumen distension. Prominent hypoechoic appearance of the submucosal layer of the duodenum and small intestine with segmental thickening of sections of the small intestine showing increased echogenic appearance and some loss of layering of the wall but with no distension of the lumen.

DATE

9/29/21



PATIENT *Pancreas*

Snowball Hall Normal size with a hypoechogenic appearance. Irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Feline Mesenteric lymphadenomegaly with normal shape and echogenic appearance.
No ascites.

BREED

American Bobtail

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Enteropathy.
- Pancreatitis.
- Mesenteric lymphadenomegaly.

SEX

MN

AGE

10 years

Secondary Findings:

- Age-related renal changes vs renal disease.

WEIGHT

9.9 #

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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Dipl. ECVIM

Etiologies for the enteropathy would be inflammatory bowel disease, dietary hypersensitivity, parasitic enteritis, granulomatous enteritis, and neoplasia. With the history and appearance of certain sections of the small intestine, intestinal lymphoma would be a highly probable diagnosis.

The appearance of the pancreas is indicative of pancreatitis.

IMAGING PERFORMED BY

Dr Jo Goodman

Etiologies for the lymphadenomegaly would be reactive, hyperplasia, lymphadenitis, and neoplasia.

HOSPITAL NAME

Evendale Blue Ash Pet
Hospital

Further assessment would be urine and fecal analyses, renal function (urea, creatinine, SDMA), fPL/PSL assay, and FNA cytology of the lymph nodes. An intestinal biopsy would be required, which although can be obtained via endoscopy, full thickness biopsies may be better in establishing a final diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

REFERRING VET

Dr Stephanie Wehmer

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HOSPITAL NAME

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IMAGES

Small intestine





PATIENT

Pancreas

Snowball Hall

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Mesenteric lymph nodes



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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