



PATIENT PRESENTING CLINICAL SIGNS

Tazmyn Theriault History: 4-day duration of vomiting/regurgitation undigested food immediately after eating or drinking. Possible foreign body as propensity for playing and eating toys.

SPECIES

Physical Examination: Dehydration.

Feline

Urinalysis: Concentrated, rest within reference range.

BREED

CBC: Hemoconcentration.

DSH

Serum Biochemistry: Mild hypoproteinemia.

SEX

Radiographic Findings: N/A.

FS

AGE

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

2 years

Urinary System

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

WEIGHT

4 kg

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

Normal iliac lymph nodes. Ureters not visualized.

INTERPRETED BY

Normal renal size (left 3.4, right 3.7 cm), echogenic appearance, cortico-medullary differentiation, capsule, pelvis, and blood flow.

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Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 0.76 x 0.33/0.38cm. Right 1.03 x 0.31/0.33 cm.

IMAGING PERFORMED BY

Dr Alastair Westcott,
DVM

HOSPITAL NAME

Spleen

Enlarged (1.2 cm) with a diffuse increased echogenic and nodular appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature.

REFERRING VET

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Liver

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.27 cm).

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DATE

9/8/21



PATIENT *Gastrointestinal*

Tazmyn Theriault

Normal appearance of the pylorus, stomach, duodenum, small intestine, ileo-cecal junction, and colon with normal thickness (stomach, 0.19 cm, jejunum 0.26 cm, colon 0.19 cm), layering and peristaltic activity. Prominent hypoechoogenic appearance of the mucosal layer of the small intestine but with no loss of layering or distension of the lumen.

SPECIES

Feline

Pancreas

BREED

DSH

Normal size (left 0.5 cm) and echogenic. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

FS

Mesenteric lymphadenomegaly (2.4 cm) with normal shape and echogenic appearance. Hyperechogenic appearance of the cranial mesentery.

AGE

2 years

No ascites.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

4 kg

Primary Findings:

- Enteropathy.
- Mesenteric lymphadenomegaly.
- Splenic pathology.

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Secondary Findings:

- None.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Etiologies for the enteropathy would be non-specific enteritis (viral, bacterial, protozoal, helminths, toxins, dietary indiscretion, foreign body irritation), inflammatory bowel disease, dietary hypersensitivity, and emerging lymphoma.

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Etiologies for the lymph nodes would be reactive, hyperplasia, lymphadenitis, and neoplasia

Etiologies for the splenic pathology would be reactive, hyperplasia, splenitis, and neoplasia.

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Although the hyperechogenic appearance of the mesentery can be ascribed to the intestinal and lymph node changes, pancreatitis needs to be considered.

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Further assessment would be fecal analysis, serum cobalamin assay, fPL/PSL assay, FNA cytology of the spleen and lymph nodes, and possibly endoscopy of the upper GI tract with biopsies, especially if there is not a satisfactory improvement with symptomatic therapy.

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



PATIENT IMAGES

Tazmyn Theriault **Small intestine**

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2 years

WEIGHT

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HOSPITAL NAME

REFERRING VET

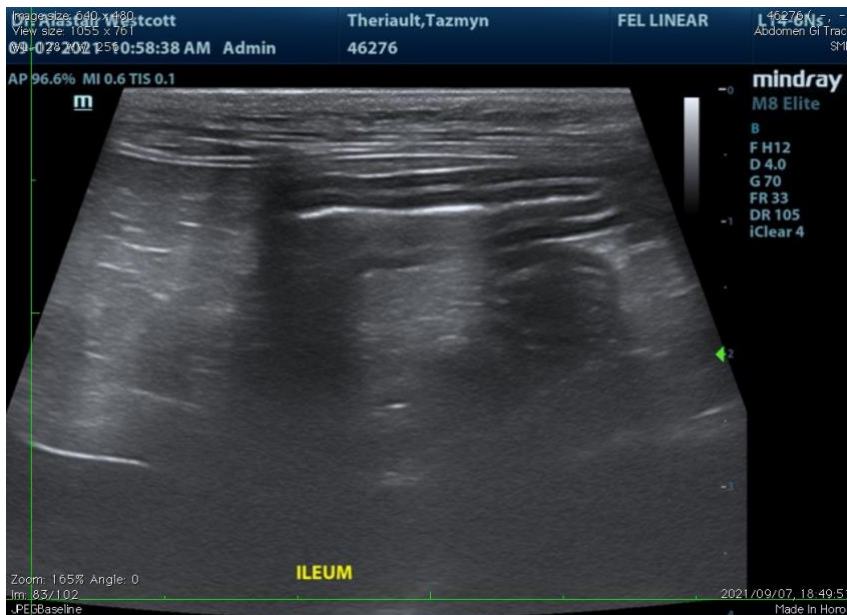
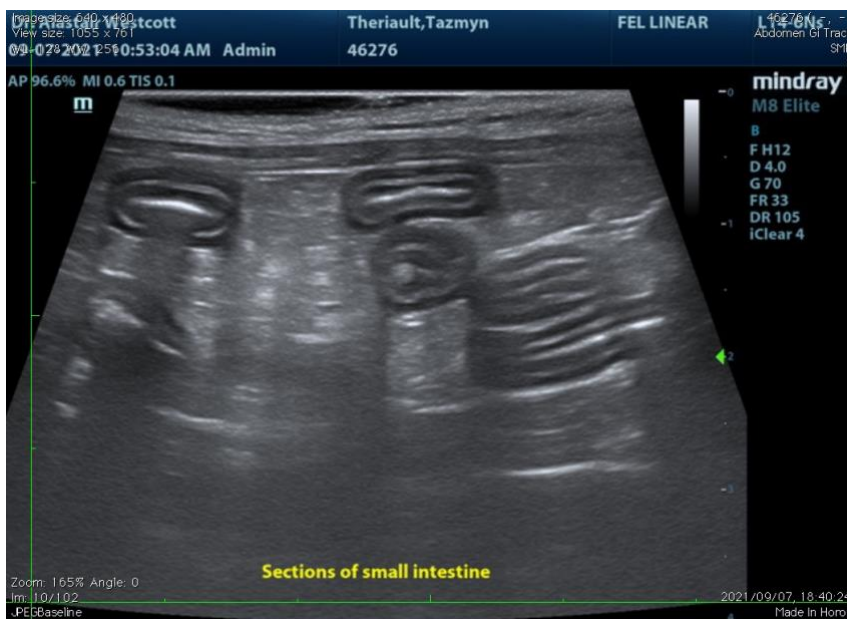
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PATIENT

Mesenteric lymph nodes

Tazmyn Theriault

SPECIES

Feline

BREED

DSH

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FS

AGE

2 years

WEIGHT

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Spleen



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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.

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