



**PATIENT PRESENTING CLINICAL SIGNS**

Caeser Johnston

History: Acute collapse and open mouth breathing. Episode of vomiting. Previously showed weight loss and diagnosed with suspected inflammatory bowel disease/chronic enteritis and treated with hydrolyzed protein diet and a probiotic.

**SPECIES**

Feline

Physical Examination: Weight loss, dehydrated, ropey/thickened intestines, systolic heart murmur.

**BREED**

DSH

Urinalysis: Isosthenuric, glucosuria.

CBC: Inflammatory reaction.

**SEX**

MN

Serum Biochemistry: Azotemia, hyperphosphatemia, hyponatremia, hypochloremia, hyperglobulinemia.

Radiographic Findings: N/A.

**AGE**

12 years

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**WEIGHT**

3.1 kg

Full urinary bladder with a normal thickness and appearance of the wall. Large amount of floating hyperechogenic sediment. No uroliths evident.

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

Normal iliac lymph nodes. Ureters not visualized.

Enlarged kidneys (left 4, right 4.6 cm) with a diffuse hyperechogenic appearance, loss of cortico-medullary differentiation, and normal pelvis, capsule and blood flow.

**INTERPRETED BY**

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**IMAGING PERFORMED BY**

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**Reproductive System**

N/A.

**Adrenal Glands**

**HOSPITAL NAME**

Normal shape, echogenic appearance, size, and position. Left 0.76 x 0.31/0.37, right 1.28 x 0.35/0.38 cm.

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**Spleen**

Normal size (0.9 cm) and echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted

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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 appearance and thickness of the gall bladder wall. Dilated bile duct (0.46 cm).

**DATE**

9/8/21



**PATIENT** *Gastrointestinal*

Caeser Johnston Normal appearance of the pylorus, stomach, ileo-cecal junction, and colon with normal thickness (stomach 0.35 cm, colon 0.23 cm), layering and peristaltic activity. Segmental thickening of the duodenum and small intestine (up to 0.53 cm) with a prominent hypoechoic appearance of the mucosal layer with no loss of layering or distension of the lumen. Fluid within the stomach and proximal duodenum. Fecal material within the colon.

**SPECIES**

Feline

**BREED** *Pancreas*

DSH Normal size (left 0.8 cm, right 1.4 cm) and echogenic appearance. Regular capsule. Visible pancreatic duct (0.19 cm). Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SEX**

MN

**AGE**

12 years

*Free Abdomen*

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

**WEIGHT**

3.1 kg

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Enteropathy.
- Renal disease.
- Mesenteric lymphadenomegaly.
- Urinary bladder sediment

Secondary Findings:

- Dilated bile duct.

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**HOSPITAL NAME**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

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Etiologies for the renal disease would be acute injury, bacterial nephritis, FIP, lymphoma.

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

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Etiologies for the urinary bladder sediment would be cystitis (sterile, bacterial), hemorrhage, crystalluria.

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The dilated bile duct is most likely an incidental finding as the gall bladder is not distended and there is no obvious evidence of an obstruction.



**PATIENT**

Caesar Johnston

Further assessment would be urine culture, blood pressure, serum cobalamin assay, FNA cytology of the lymph nodes and kidneys, and possibly endoscopy of the upper GI tract with biopsies.

**SPECIES**

Feline

Specific therapy would be dependent on an etiological diagnosis.

**BREED**

DSH

Symptomatic management of the enteropathy would be fluid therapy to correct the dehydration, hypoallergenic/novel protein diet, course of metronidazole and/or fenbendazole, cobalamin supplementation, and possibly prednisolone.

**SEX**

MN

**IMAGES**

**Urinary bladder**

**AGE**

12 years

**WEIGHT**

3.1 kg

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**HOSPITAL NAME**

**REFERRING VET**

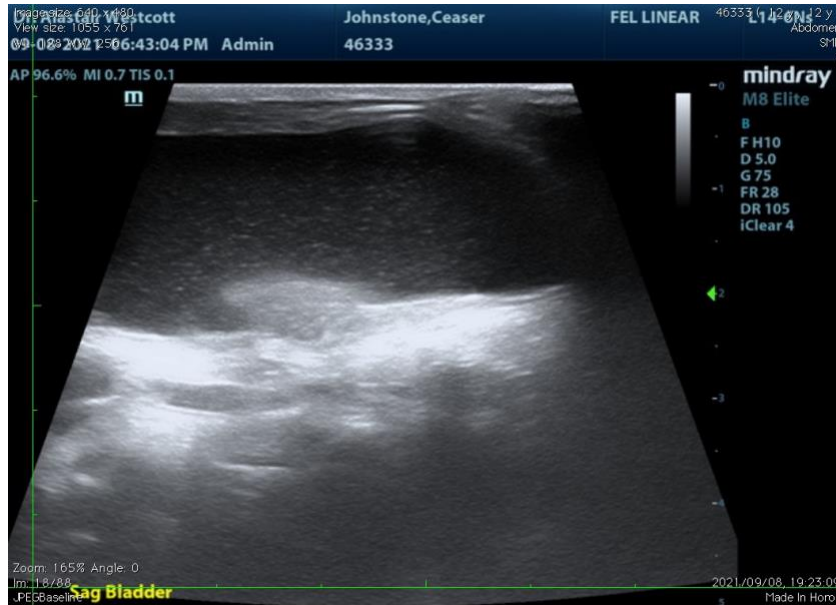
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**DATE**

9/8/21





**PATIENT**      **Kidney**

Caesar Johnston

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

12 years

**WEIGHT**

3.1 kg

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**DATE**

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**Small intestine/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.

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