



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Heidi Wagar History: Presented for wellness exam and senior lab work. Previous history of diarrhea but not currently an issue.

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

Feline Urinalysis: N/A.

**BREED** CBC: N/A.

DMH Serum Biochemistry: Elevated AST and GGT activity, bilirubin, and creatinine.

Radiographic Findings: N/A.

**SEX**

FS

**Age**

15 years

**WEIGHT**

3.95 kg

**INTERPRETED BY**

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

**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 2.9 cm, right 3.3 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis, and capsule.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal position, echogenic appearance, shape, and size. Left 0.37 cm.

**Spleen**

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

**Liver**

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).

**Gastrointestinal**

Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristalsis, and no distension of the lumen. Prominent hypoechoic appearance of the submucosal layer of the duodenum and small intestine with mild wall thickness (duodenum 0.31 cm, jejunum 0.3 cm), no loss of layering, or distension of the lumen.

**IMAGING PERFORMED BY**

Dr Sarah Barthelemy

**HOSPITAL NAME**

Dewinton Pet Hospital

**REFERRING VET**

Dr Pazej

**INVOICE**

303804

**DATE**

1/24/23



**PATIENT** *Pancreas*

Heidi Wagar Normal size (left 0.5 cm) with a hypoechogenic appearance and irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Feline Prominent mesenteric lymph nodes (0.3 cm) with normal shape and echogenic appearance. No ascites.

**BREED** DMH **ULTRASONOGRAPHIC FINDINGS**

**SEX** Primary Findings:

- Enteropathy.
- Pancreatitis vs age-related changes.
- Lymphadenomegaly.

**Age**

15 years Secondary Findings:

- Gall bladder sediment.
- Age-related renal changes.

**WEIGHT** 3.95 kg

**INTERPRETED BY** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Dipl. ECVIM

Etiologies for the enteropathy would be inflammatory bowel disease, parasitic enteritis, dietary hypersensitivity, and emerging lymphoma.

Etiologies for the lymphadenomegaly would be reactive, hyperplasia, and lymphadenitis, with infiltrative neoplasia an unlikely differential diagnosis.

Further assessment would be fecal analysis, fPL/PSL assay, cobalamin assay, and possibly FNA cytology of the liver and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

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**PATIENT**

Heidi Wagar

**SPECIES**

Feline

**BREED**

DMH

**SEX**

FS

**Age**

15 years

**WEIGHT**

3.95 kg

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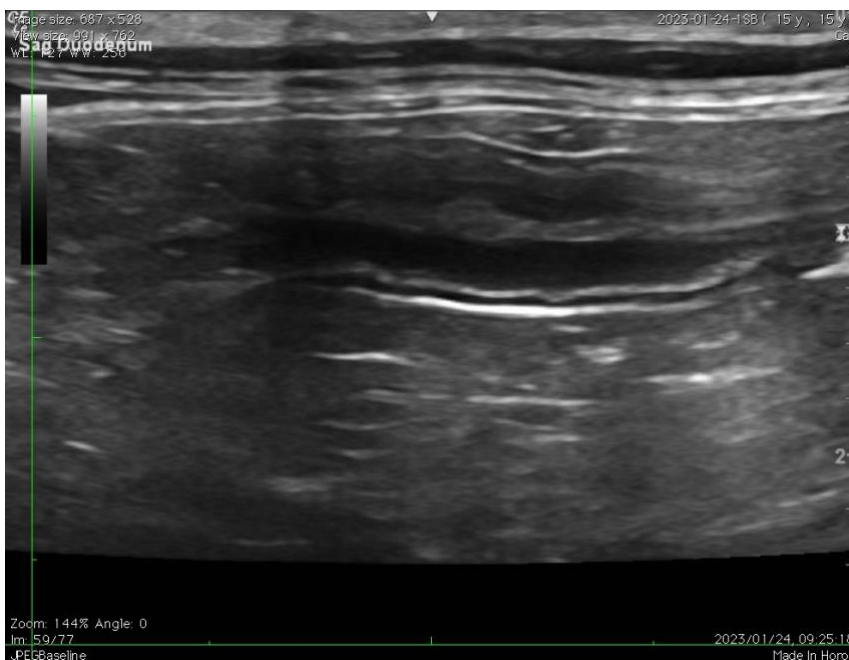
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**IMAGES**

**Pancreas**



**Duodenum**





**PATIENT**

**Jejunum**

Heidi Wagar

**SPECIES**

Feline

**BREED**

DMH

**SEX**

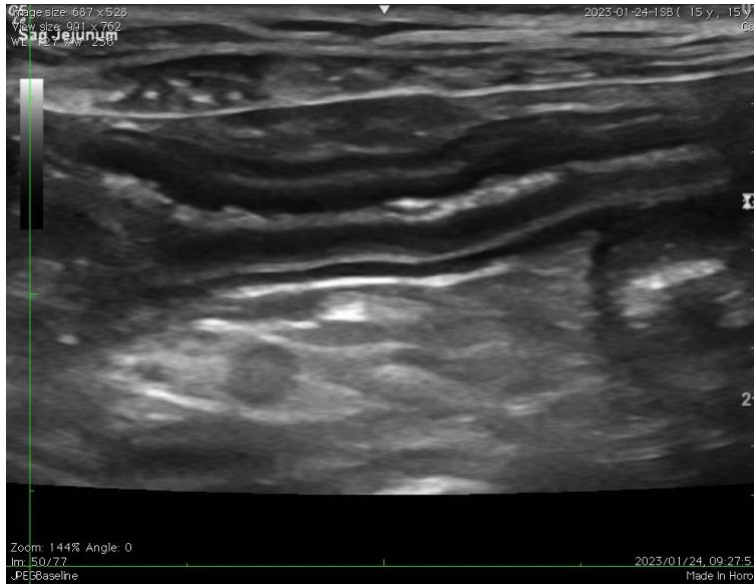
FS

**Age**

15 years

**WEIGHT**

3.95 kg



**Mesenteric lymph node**



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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.

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