


**PATIENT PRESENTING CLINICAL SIGNS**

Osiris Radyvonyuk

History: Acute onset vomiting.

**SPECIES**

Feline

Physical Examination: Grade III/IV heart murmur.

Urinalysis: N/A.

CBC: N/A.

**BREED**

Sphynx

Serum Biochemistry: N/A.

Radiographic Findings: Granular material in colon, mild splenomegaly, mild to moderate cardiomegaly, bronchial lung pattern.

**SEX**

MN

**Age**

1 year

**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.

**WEIGHT**

9.4 #

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

Normal iliac lymph nodes. Ureters not visualized.

**INTERPRETED BY**

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

Normal renal size (left 4.2 cm, right 4.6 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**Reproductive System**

N/A.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**Adrenal Glands**

Normal position, echogenic appearance, size, and shape, Left 0.39 cm, right 0.46 cm.

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 Oviedo Veterinary Care  
and Emergency

**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.

**REFERRING VET**

Dr McIntosh

**Liver**

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. 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 (0.2 cm)

**INVOICE**

303596

**Gastrointestinal**
**DATE**

11/24/22

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.22 cm, jejunum 0.18 cm, colon 0.12 cm) and peristaltic activity, and no distension of the lumen. Mild segmental thickening of the stomach (0.33 cm) no loss of layering or distension of the lumen. Fluid-filled small intestinal loops.


**PATIENT** *Pancreas*

Osiris Radyvonyuk

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

**SPECIES**
*Free Abdomen*

Feline

Mesenteric lymphadenomegaly (0.7 x 2.6 cm) with normal shape and hypoechogenic appearance. No ascites.

**BREED**

Sphynx

**ULTRASONOGRAPHIC FINDINGS**
**SEX**
**Primary Findings:**

MN

- Gastroenteropathy.
- Lymphadenomegaly.

**Age**
**Secondary Findings:**

1 year

- None.

**WEIGHT**

9.4 #

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

The most likely etiology for the gastroenteropathy would be non-specific (viral, bacteria, protozoal, helminths, toxins, dietary indiscretion) with *Helicobacter* gastritis, ulcerative disease, inflammatory bowel disease and dietary hypersensitivity, less likely differential diagnoses.

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MMedVet (Med), PhD,  
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The most likely etiology for lymph nodes would be reactive with lymphadenitis a less likely differential diagnosis, and infiltrative neoplasia, an unlikely differential diagnosis.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

Further assessment would be fecal analysis and if there is not a satisfactory improvement with symptomatic therapy then FNA cytology of the lymph nodes and endoscopy of the upper GI tract with biopsies would be recommended.

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and Emergency

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be low-fat intestinal diet, course of fenbendazole, anti-emetics, and enteric binders/absorbents.

**REFERRING VET**

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**PATIENT**

Osiris Radyvonyuk

**SPECIES**

Feline

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Sphynx

**SEX**

MN

**Age**

1 year

**WEIGHT**

9.4 #

**IMAGES**

**Small intestine**



**Mesenteric lymph node**



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

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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)**  
[rlobetti@mweb.co.za](mailto:rlobetti@mweb.co.za)