


PATIENT PRESENTING CLINICAL SIGNS

Yokai Lamb History: Unable to defecate despite enema. On prednisolone, Cerenia, and mirtazapine.

SPECIES Physical Examination: N/A.

Feline Urinalysis: Glycosuria.

CBC: Normal.

BREED Serum Biochemistry: Mild hyperglycemia.

DSH Radiographic Findings: Normal.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS **Urinary System**

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

8 year Normal trigone area, proximal urethra (0.2 cm), and iliac blood vessels.

WEIGHT Normal iliac lymph nodes. Ureters not visualized.

5 # Normal renal size (both 3.2 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

INTERPRETED BY **Reproductive System**

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

N/A.

IMAGING PERFORMED BY **Adrenal Glands**

Sonya Myers, DVM

Normal position, echogenic appearance, size, and shape, Left 0.27/0.3 cm, right 0.25/0.27 cm.

HOSPITAL NAME **Spleen**

Oviedo Veterinary Care and
Emergency

Normal size (0.8 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 **Liver**

Dr Clark

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 **Gastrointestinal**

303605

DATE Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.26 cm, duodenum 0.22 cm, colon 0.21 cm) and peristaltic activity, and no distension of the lumen. Prominent hypoechogenic appearance of the submucosal layer of the small intestine with segmental thickening (0.33 cm) but with no loss of layering or distension of the lumen.

11/29/22

**PATIENT** *Pancreas*

Yokai Lamb

Normal size (right 0.5 cm, left 0.5 cm) with a diffuse hyperechogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Feline

Normal mesenteric lymph nodes (0.3 x 1.5 cm).
No ascites.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS**SEX**

Primary Findings:

FS

- Chronic pancreatitis.
- Enteropathy.

Age

8 year

Secondary Findings:

- Urinary bladder sediment.

WEIGHT

5 #

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

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

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

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

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be novel protein/hypoallergenic diet, cobalamin supplementation, course of fenbendazole, and possibly long-term prednisolone.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

REFERRING VET

Dr Clark

INVOICE

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DATE

11/29/22



PATIENT

Yokai Lamb

SPECIES

Feline

BREED

DSH

SEX

FS

Age

8 year

WEIGHT

5 #

IMAGES

Pancreas



Small intestine

INTERPRETED BY

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PATIENT Urinary bladder

Yokai Lamb

SPECIES

Feline

BREED

DSH

SEX

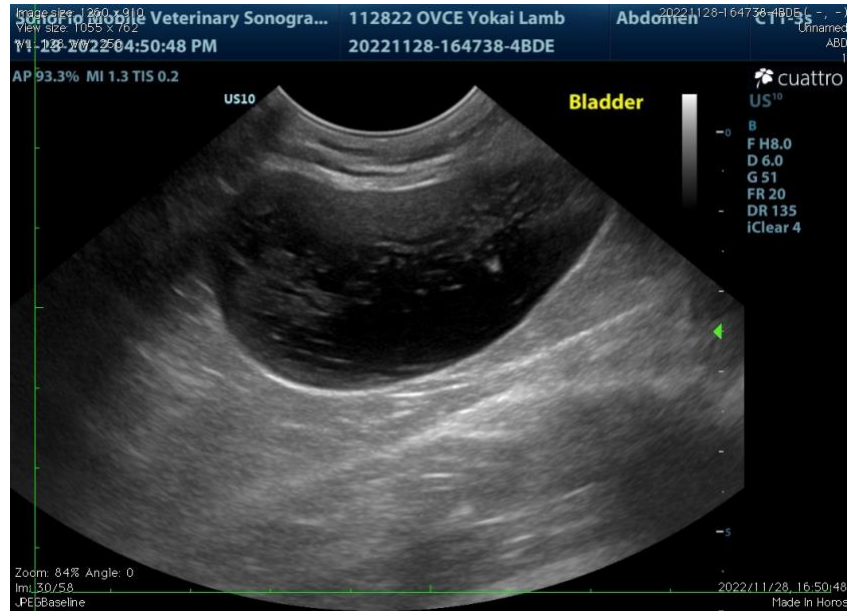
FS

Age

8 year

WEIGHT

5 #



INTERPRETED BY

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 MMedVet (Med), PhD, Dipl.
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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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IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

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 Emergency

REFERRING VET

Dr Clark

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