



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Buster Santiago History: Suspected inflammatory bowel disease – initial response to dietary therapy.

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

Feline Urinalysis: N/A.

CBC: Mild anemia, neutrophilia.

**BREED** Serum Biochemistry: Hyperglobulinemia.

DSH Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**MN** *Urinary System*

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

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

**WEIGHT** Normal iliac lymph nodes. Ureters not visualized.

4 # Normal renal size (both 4.1 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**INTERPRETED BY** *Reproductive System*

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

*Adrenal Glands*

**IMAGING PERFORMED BY** Normal position, shape, echogenic appearance, and size. Left 0.3 cm, right 0.44 cm.

Sonya Myers, DVM

*Spleen*

**HOSPITAL NAME** 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.

My Pets Wellness Daytona Beach

**REFERRING VET** *Liver*

Dr Marie Ashby 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 (0.3 cm).

**INVOICE**

303669

**DATE**

12/16/22


**PATIENT**
***Gastrointestinal***

Buster Santiago

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**Age**

11 years

**WEIGHT**

4 #

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

 My Pets Wellness Daytona  
Beach

**REFERRING VET**

Dr Marie Ashby

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Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.25 cm, duodenum 0.36 cm, colon 0.19 cm) and peristaltic activity, and no distension of the lumen. Normal thickness of the small intestine (0.3 cm) with a prominent hypoechoic appearance of the submucosal layer with no loss of layering or distension of the lumen.

***Pancreas***

Enlarged (right 0.9 cm) with a diffuse hypoechoic appearance and irregular capsule. Hyperechoic appearance of the mesentery and fat surrounding the pancreas.

***Free Abdomen***

Mesenteric lymphadenomegaly (1.3 x 2.7 cm) with rounded shape and hypoechoic appearance  
No ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Enteropathy.
- Pancreatitis.
- Mesenteric lymphadenomegaly.

Secondary Findings:

- None.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the enteropathy would be inflammatory bowel disease, parasitic enteritis, granulomatous enteritis, and emerging neoplasia.

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

Further assessment would be fecal analysis, cobalamin assay, serum protein electrophoresis, fPL/PSL, and 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, course of fenbendazole, cobalamin supplementation, and possible prednisolone.



**PATIENT**

Buster Santiago

**SPECIES**

Feline

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4 #

**IMAGES**

**Pancreas**



**Small intestine**



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**PATIENT** Mesenteric lymph nodes

Buster Santiago

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**Age**

11 years

**WEIGHT**

4 #



**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

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