

**PATIENT**

Rory Gardner-Ruhl

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

10 years

**WEIGHT**

12.6 #

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Brent Crutchfield, DVM

**HOSPITAL NAME**

Southside Veterinary  
Hospital

**REFERRING VET**

**INVOICE**

303708

**DATE**

12/28/22

**PRESENTING CLINICAL SIGNS**

History: Vomiting and weight loss.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: Normal.

Serum Biochemistry: Normal, including T4.

Radiographic Findings: Normal.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with a normal appearance and thickness (0.1 cm) of the wall. Large amount of floating hyperechogenic floating sediment. No uroliths evident.

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size of right (left 3.9 cm, right 4.2 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

**Reproductive System**

N/A.

**Adrenal Glands**

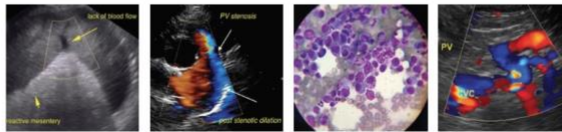
Normal shape, echogenic appearance, position, and size. Left 0.47 cm.

**Spleen**

Normal size (0.9 cm) and echogenic appearance. Smooth homogenous parenchyma, curvi-linear 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 normal anechoic bile. Normal thickness (0.1 cm) and echogenic appearance of the gall bladder wall. Normal bile duct.



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***Gastrointestinal***

Normal appearance of the gastro-esophageal junction, stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.34 cm, colon 0.1 cm) and peristalsis, and no distension of the lumen. Segmental thickening of the duodenum (0.39 cm) and small intestine (0.35 cm) with no loss of layering or distension of the lumen. Prominent hypoechoic appearance of the submucosal layer of the duodenum.

***Pancreas***

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

***Free Abdomen***

No mesenteric lymphadenomegaly.  
No ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Enteropathy.
- Age-related renal disease vs early chronic kidney disease.

Secondary findings:

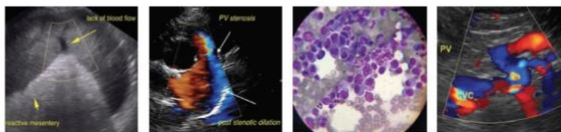
- Urinary bladder sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the enteropathy would be parasitic (helminths, protozoal), granulomatous enteritis, inflammatory bowel disease, dietary hypersensitivity, and emerging lymphoma.

Further assessment would be urine and fecal analyses, cobalamin assay, and endoscopy of the upper GI tract with biopsies.

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



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**IMAGES**

**Small intestine**



**Urinary bladder**



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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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