



**PATIENT PRESENTING CLINICAL SIGNS**

Lottie Holton History: Chronic intermittent vomiting.

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

Feline Urinalysis: N/A.

CBC: N/A.

**BREED** Serum Biochemistry: NA.

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. Small amount of floating hyperechogenic sediment present. No uroliths evident.

2 years Normal trigone area, proximal urethra (0.2 cm), and iliac blood vessels.

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

10 # Normal renal size (left 3.6 cm, right 3.8 cm), echogenic appearance cortico-medullary differentiation, and normal 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 0.33, right 0.41 cm.

Sonya Myers, DVM **Spleen**

**HOSPITAL NAME** Normal size (1 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Lake Emma Animal Hospital

**REFERRING VET** **Liver**

Dr Hecker 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. Mildly dilated bile duct (0.4 cm).

**INVOICE**

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**PATIENT** *Gastrointestinal*

Lottie Holton Normal appearance of the stomach, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.23 cm, jejunum 0.28 cm, colon 0.19 cm) and peristaltic activity, and no distension of the lumen. Thickening of the proximal duodenum (0.41 cm) with some loss of wall layering but no distension of the lumen.

**SPECIES**

Feline

*Pancreas*

**BREED**

DSH

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

**SEX**

FS

*Free Abdomen*

**Age**

2 years

Mesenteric (0.4 x 1 cm) and gastric (0.9 x 1.2 cm) lymphadenomegaly with rounded shape and hypoechogenic appearance. FNA taken of the gastric lymph node with no obvious post aspirate hemorrhage.

No ascites.

**WEIGHT**

10 #

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Enteropathy.
- Lymphadenomegaly.

Secondary Findings:

- Dilated bile duct.
- Urinary bladder sediment.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Lake Emma Animal  
Hospital

**REFERRING VET**

Dr Hecker

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

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

Further assessment needs to be based on the pending cytology results but could include urine and fecal analysis, cobalamin assay, and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

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**PATIENT**

Lottie Holton

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**Age**

2 years

**WEIGHT**

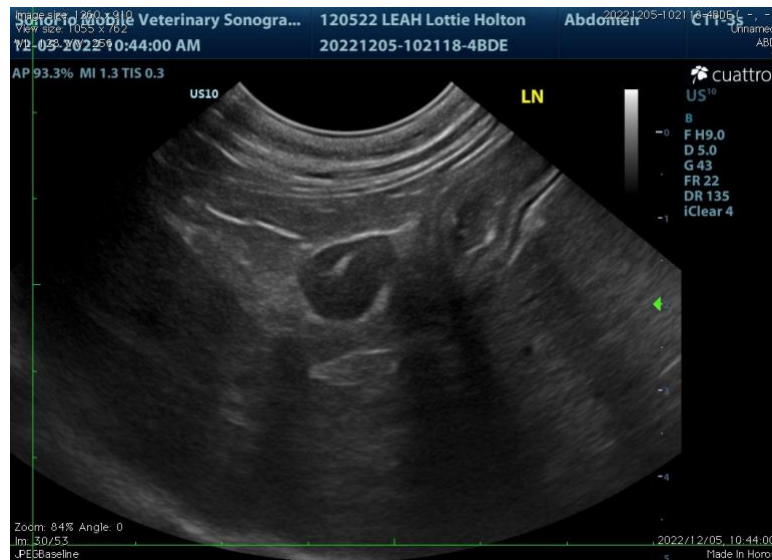
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**IMAGES**

**Duodenum**



**Gastric lymph node**



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Lake Emma Animal Hospital

**REFERRING VET**

Dr Hecker

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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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