



**PATIENT PRESENTING CLINICAL SIGNS**

Java Stanley History: Chronic vomiting.  
Physical Examination: N/A.  
**SPECIES** Urinalysis: N/A.  
Feline CBC: N/A.  
**BREED** Serum Biochemistry: N/A.  
DSH Radiographic Findings: N/A.

**SEX**

FS

**AGE**

4 years

**WEIGHT**

3.6 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Singh

**HOSPITAL NAME**

Balmy Beach Pet Hospital

**REFERRING VET**

Dr Singh

**INVOICE**

302744

**DATE**

2 /12/22

**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.

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size, echogenic appearance, cortico-medullary differentiation, capsule, and pelvis.

**Reproductive System**

N/A.

**Adrenal Glands**

Poorly visualized but appear to be of normal shape, echogenic appearance, size, and position.

**Spleen**

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**Liver**

Normal size, echogenic appearance, and portal markings. Focal parenchymal anechoic cyst. No nodules or masses evident. Full double gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

**Gastrointestinal**

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen. Segmental thickening (up to 0.8 cm) of the gastric wall but with no loss of layering or distention of the lumen.



**PATIENT** *Pancreas*

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

**SPECIES** *Free Abdomen*

Feline No mesenteric lymphadenomegaly.  
No ascites.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

DSH Primary Findings:

- Gastric thickening.

FS Secondary Findings:

- Hepatic cyst.
- Double gall bladder.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the gastric thickening would be *Helicobacter* gastritis, chronic gastritis, ulcerative disease, granulomatous reaction, inflammatory bowel disease, dietary hypersensitivity, parasitic, and emerging neoplasia (lymphoma).

Both the hepatic cyst and double gall bladder can be considered incidental findings.

Further assessment would be fecal analysis, 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 and/or metronidazole, cobalamin supplementation, and possibly prednisolone.

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**PATIENT IMAGES**

Java Stanley **Stomach**

**SPECIES**

Feline

**BREED**

DSH

**SEX**

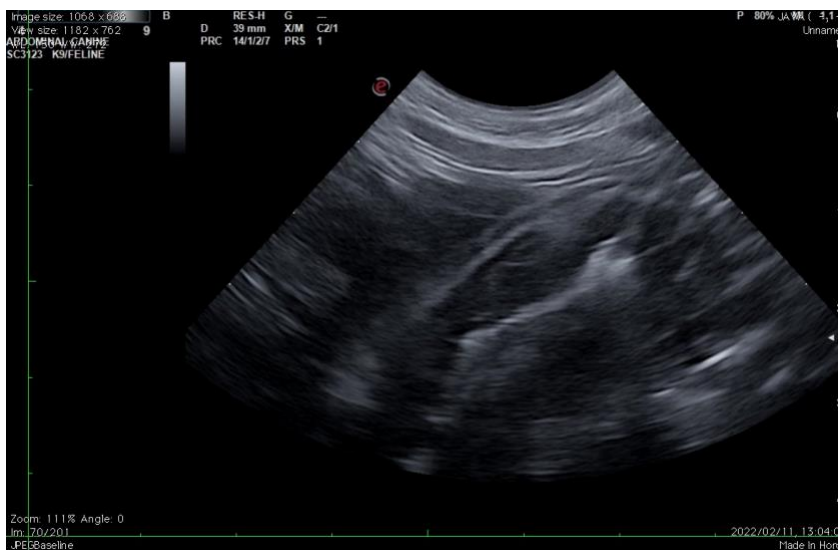
FS

**AGE**

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**Liver**

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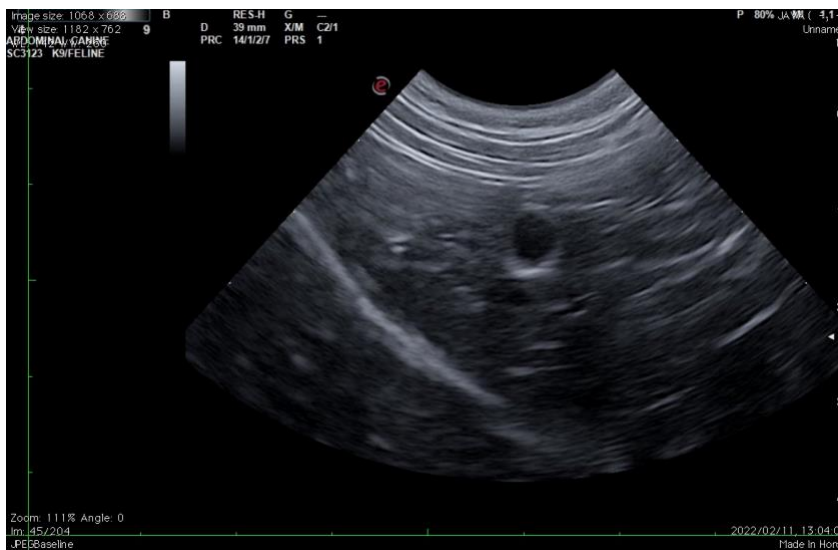
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**PATIENT**

**Gall bladder**

Java Stanley

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

4 years

**WEIGHT**

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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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