



PATIENT PRESENTING CLINICAL SIGNS

Milo Fraser History: Chronic vomiting with normal appetite.

SPECIES Physical Examination: N/A.

Feline Urinalysis: N/A.

BREED CBC: Mild non-regenerative anemia, basophilia

DSH Serum Biochemistry: Elevated ALT activity and lipase.

Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN **Urinary System**

AGE Full urinary bladder with a normal thickness (0.2 cm) and appearance of the wall. Small amount of floating hyperechogenic sediment present. No uroliths evident.

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

5.4 kg Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.4 cm, right 4.7 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**

JSS Normal shape, echogenic appearance, position, and size. Left 0.33 cm, right 0.35 cm.

HOSPITAL NAME **Spleen**

King Hopkins Pet Hospital 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.

REFERRING VET **Liver**

Dr Sasha Black

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing moderate amount of hyperechogenic sediment. Normal thickness (0.1 cm) and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

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PATIENT *Gastrointestinal*

Milo Fraser Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.37 cm, duodenum 0.29 cm, colon 0.18 cm) and no distension of the lumen. Segmental thickening of the small intestine (up to 0.3 cm) with a prominent hypoechoic appearance of the submucosal layer but with no loss of layering or distension of the lumen. Ingesta within the stomach, poor peristaltic activity of the duodenum, fecal material within the colon.

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

4 years

Pancreas

Normal size (0.8 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
Small amount of ascites.

WEIGHT

5.4 kg

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Enteropathy.
- Duodenal hypomotility.

Secondary Findings:

- Gall and urinary bladder sediment.

INTERPRETED BY

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

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HOSPITAL NAME

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The duodenal hypomotility is most likely associated with the enteropathy.

The elevated ALT activity can be ascribed as secondary to the enteropathy – reactive hyperplasia.

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, cobalamin supplementation, course of fenbendazole, metoclopramide, and possibly prednisolone.

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PATIENT IMAGES

Milo Fraser **Stomach**

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

4 years

WEIGHT

5.4 kg



Small intestine

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Remo Lobetti, BVSc,
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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)
rlobetti@mweb.co.za