



**PATIENT PRESENTING CLINICAL SIGNS**

Harley Weitzel History: Chronic vomiting and loose feces.

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

Feline Urinalysis: N/A.

CBC: N/A

**BREED** Serum Biochemistry: N/A.

DSH Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**MN** *Urinary System*

**Age** Full urinary bladder with a normal thickness and echogenic appearance of the wall. Small amount of floating sediment present. No uroliths evident.

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

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

15 # Normal renal size (left 4.1 cm, right 4.4 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, echogenic appearance, shape, and size. Left 0.45 cm, right 0.43 cm.

Sonya Myers, DVM

*Spleen*

**HOSPITAL NAME** Enlarged (1.3 cm) with normal echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Oviedo Veterinary Care and Emergency

**REFERRING VET** *Liver*

Dr Caja 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 (0.2 cm).

**INVOICE** *Gastrointestinal*

303953 Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.29 cm, colon 0.19 cm) and peristaltic activity, and no distension of the lumen. Thickening of the duodenum (0.33 cm) and small intestine (0.4 cm) with no loss of layering but with a severely increased muscularis to mucosa ratio.

**DATE**

3/1/23



**PATIENT** *Pancreas*

Harley Weitzel

Enlarged (left 0.7 cm, right 0.9 cm) with a hypoechogenic appearance and irregular capsule. Visible pancreatic duct. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES**

Feline

*Free Abdomen*

**BREED**

Normal mesenteric lymph nodes (1.1 cm).  
No ascites evident.

DSH

**SEX**

MN

**Age**

5 years

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Enteropathy.
- Pancreatitis.
- Splenomegaly.

Secondary Findings:

- Urinary bladder sediment.

**WEIGHT**

15 #

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

Etiologies for the spleen would be reactive, hyperplasia, splenitis, and infiltrative neoplasia.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

Further assessment would be urine and fecal analyses, fPL/PSL assay, cobalamin assay, FNA cytology of the spleen, and endoscopy of the upper GI tract with biopsies.

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

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

**REFERRING VET**

Dr Caja

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**PATIENT**

Harley Weitzel

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**Age**

5 years

**WEIGHT**

15 #

**IMAGES**

**Small intestine**



**INTERPRETED BY**

**Pancreas**

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 MMedVet (Med), PhD, Dipl.  
 ECVIM

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
 Emergency

**REFERRING VET**

Dr Caja

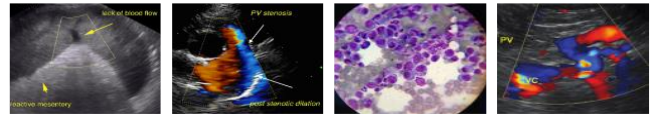
**INVOICE**

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**DATE**

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**PATIENT Spleen**

Harley Weitzel

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**Age**

5 years

**WEIGHT**

15 #



**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

**Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)**  
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**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**REFERRING VET**

Dr Caja

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**DATE**

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