

**PATIENT**

Toby Preache

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

5 years

**WEIGHT**

11 #

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Lara Wiseman, DVM

**HOSPITAL NAME**

Village Royale Animal  
Clinic

**REFERRING VET**

**INVOICE**

303870

**DATE**

2/7/23

**PRESENTING CLINICAL SIGNS**

History: Anorexia, not drinking, lethargy.

Physical Examination: Pyrexia.

Urinalysis: Normal.

CBC: Leukocytosis.

Serum Biochemistry: Normal. Negative FIV/FeLV.

Radiographic Findings: Normal.

**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 (0.2 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.1 cm, right 4.4 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**Reproductive System**

N/A.

**Adrenal Glands**

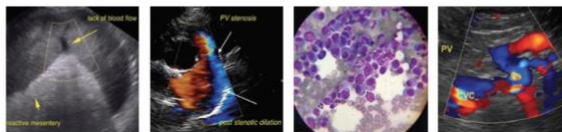
Normal position and echogenic appearance but rounded in shape and enlarged. Left 0.54 cm, right 0.5 cm.

**Spleen**

Normal size (0.7 cm) with a hypoechogenic appearance. Smooth homogenous parenchyma, normal vasculature, and regular curvilinear capsule. 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 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 and peristalsis, and no distension of the lumen. Irregular thickening of a section of the duodenum (0.43 cm) with loss of layering, patchy hyperechogenic striations, and hyperechogenic appearance of the surrounding mesentery Segmental thickening of the small intestine (0.3 cm) with areas that show some loss of layering. Fluid-filled stomach.

**Pancreas**

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

**Free Abdomen**

Mesenteric (1 cm) and colonic (1.1 cm) lymphadenomegaly with rounded shape and hyperechogenic appearance.

Hyperechogenic appearance of the cranial mesentery,  
Moderate amount of cellular ascites evident.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Duodenal mass?
- Mesenteric lymphadenomegaly.
- Ascites.
- Enteropathy.
- Adrenomegaly.

Secondary findings:

- Urinary bladder sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the duodenum is indicative of focal perforation with secondary peritonitis. Etiologies would be neoplasia, granuloma, abscessation, and previous foreign body.

Etiologies for the lymphadenomegaly would be reactive, lymphadenitis, and infiltrative neoplasia.

The most likely etiology for the adrenomegaly would be disease stress.

Non-invasive further assessment would be analysis of the ascitic fluid and FNA cytology of the duodenal mass and lymph nodes. Laparotomy should be considered as it could be both diagnostic and therapeutic.

Specific therapy would be dependent on an etiological diagnosis.



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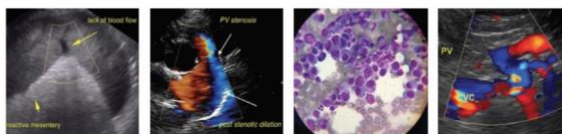
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**IMAGES**

**Duodenum**





**PATIENT**

**Left adrenal gland**

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**Ascites**



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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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