



**PATIENT**

Zulu Soroker

**SPECIES**

Feline

**BREED**

Bengal X

**SEX**

MN

**AGE**

13 years

**WEIGHT**

9 #

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Lara Wiseman, DVM

**HOSPITAL NAME**

Boca Midtowne  
Animal Hospital

**REFERRING VET**

Dr Boazman

**INVOICE**

302739

**DATE**

2/10/22

**PRESENTING CLINICAL SIGNS**

History: Inappetence, dental issues, eyes showing poor light response, lame left fore.

Physical Examination: Hypertensive (204).

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: Mildly elevated ALT activity, normal fPL

Radiographic Findings: Normal.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with a normal appearance and thickness of the wall. Small amount of hyperechogenic floating sediment. No 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 cm, right 4.2 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and pelvis.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position. Left 0.45 cm, right 0.32 cm.

**Spleen**

Normal size (0.8 cm) 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. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct.



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**Gastrointestinal**

Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.31 cm, duodenum 0.31 cm) and peristalsis, and no distension of the lumen. Segmental thickening of the small intestine (up to 0.42 cm) with some areas showing loss of layering but no distension of the lumen.

**Pancreas**

Normal size (right 0.6 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

Mesenteric lymphadenomegaly (0.4 x 2 cm) with normal shape and echogenic appearance. No ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Enteropathy.
- Mesenteric lymphadenomegaly.

Secondary findings:

- Urinary bladder sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of small intestine is highly suspicious for lymphoma with severe inflammatory bowel disease and granulomatous enteritis, differential diagnoses.

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

Further assessment would be urinalysis, cobalamin assay, FNA cytology of the mesenteric lymph nodes, and endoscopy with biopsies of the upper GI tract as well as the distal jejunum and ileum via the colon.

Specific therapy would be dependent on an etiological diagnosis.



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### IMAGES

#### Small intestine



#### Mesenteric lymph node



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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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