



PATIENT PRESENTING CLINICAL SIGNS

Oscar Herman History: Chronic constipation with intermittent loose feces. Recent episode of vomiting and possible polydipsia. Currently on a fibre-response diet and trial course of prednisolone.

SPECIES

Feline

Physical Examination: Ropey intestines on palpation.

Urinalysis: N/A.

BREED

CBC: N/A.

DLH

Serum Biochemistry: N/A.

SEX

MN

Radiographic Findings: Large colon with dense stool and some air-dilation.

AGE

6 years

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.

WEIGHT

6.8 kg

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

Normal iliac lymph nodules. Ureters not visualized.

INTERPRETED BY

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

Normal renal size (left 4.7 cm, right 5 cm), echogenic appearance, cortico-medullary differentiation, capsule, blood flow, and pelvis.

Reproductive System

N/A.

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Dr Alastair Westcott,
DVM

Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 0.43, right 1.25 x 0.41 cm.

HOSPITAL NAME

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.

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Liver

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

INVOICE

302907

Gastrointestinal

DATE

4/14/22

Normal appearance of the stomach, duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (stomach 0.22 cm, duodenum 0.23 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the colonic wall (up to 0.23 cm) with no loss of layering. Fecal material within the colon.



PATIENT *Pancreas*

Oscar Herman Normal size (right 0.6 cm, left 0.8 cm) with a diffuse hypoechogetic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Feline Mesenteric lymphadenomegaly (1.1 cm) with normal shape and increased echogenic appearance. No ascites.

BREED
DLH **ULTRASONOGRAPHIC FINDINGS**

SEX Primary Findings:

- MN
- Pancreatitis.
 - Mesenteric lymphadenomegaly.
 - Colitis.

AGE 6 years Secondary Findings:

- WEIGHT**
- None.

6.8 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The appearance of the pancreas is consistent with pancreatitis.

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The most likely etiology for the lymphadenomegaly would be reactive, with lymphadenitis and infiltrative neoplasia differential diagnoses.

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Etiologies for the colon would be inflammatory bowel disease, dietary hypersensitivity, parasitic colitis, and granulomatous colitis, with emerging neoplasia a less likely differential diagnosis.

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DVM

Further assessment would be fPL/PSL assay, fecal analysis, FNA cytology of the lymph nodes, and possibly colonoscopy with biopsies

HOSPITAL NAME

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be low-fat intestinal diet and analgesics as needed.

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PATIENT

Oscar Herman

IMAGES

Pancreas

SPECIES

Feline

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SEX

MN

AGE

6 years

WEIGHT

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HOSPITAL NAME

REFERRING VET

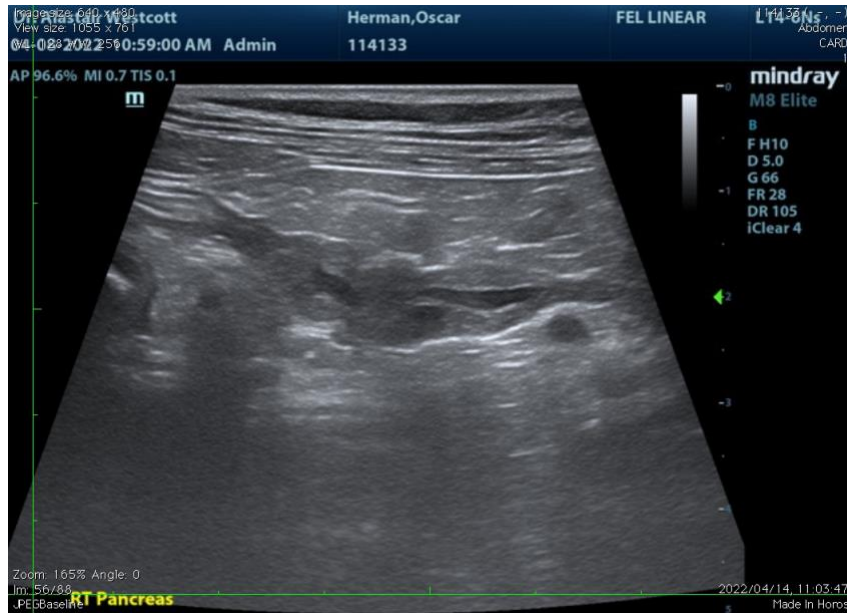
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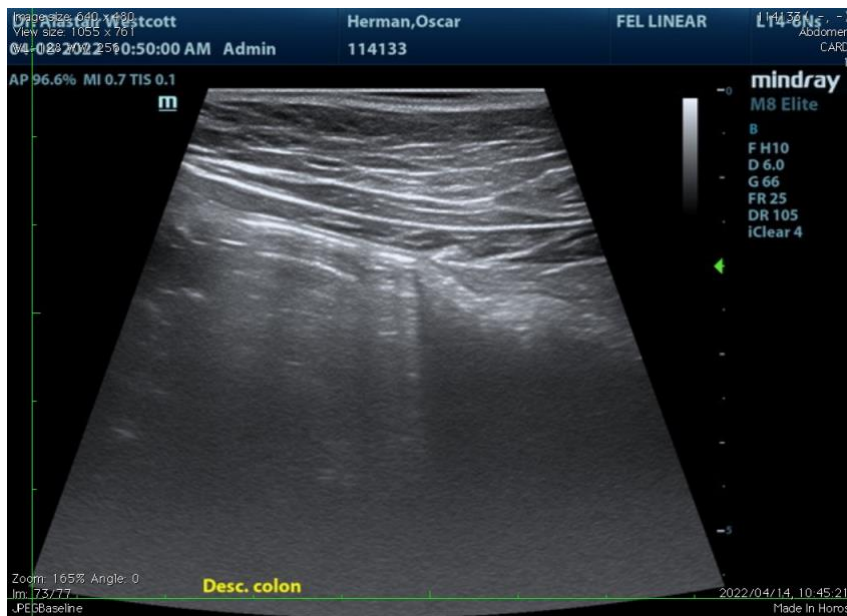
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Colon





PATIENT Mesenteric lymph node

Oscar Herman

SPECIES

Feline

BREED

DLH

SEX

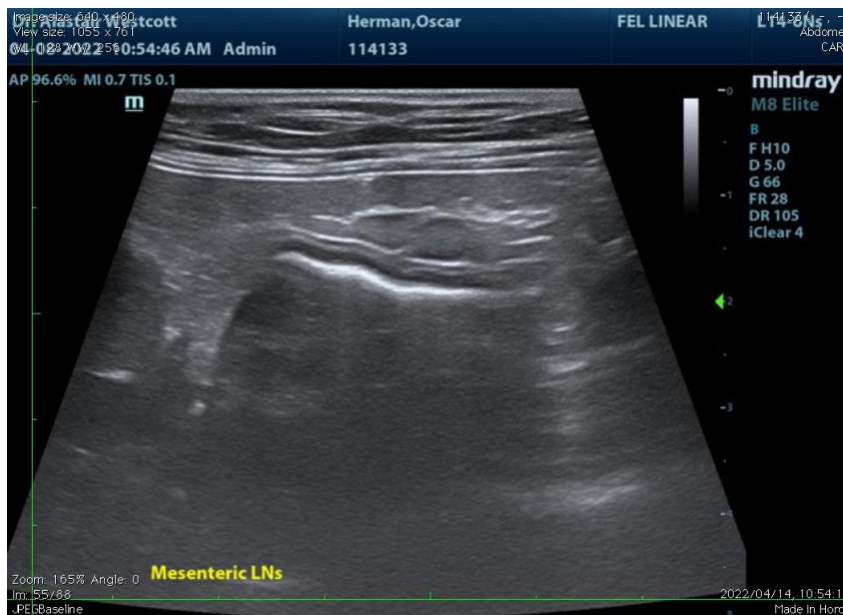
MN

AGE

6 years

WEIGHT

6.8 kg



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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.

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