

**PATIENT PRESENTING CLINICAL SIGNS**

**Solomon Villano** History: Weight loss. History of skin allergies.

**SPECIES** Physical Examination: Thickened intestinal loops.

Feline Urinalysis: N/A.

**BREED** Fecal Analysis: Negative.

DSH CBC: Monocytosis, basophilia.  
Serum Biochemistry: Elevated fPL, TLI, and folate, low cobalamin, mild hypoglycemia.

**SEX** Radiographic Findings: N/A.

MN

**AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

13 years **Urinary System**

**WEIGHT** Full urinary bladder with a normal thickness and appearance of the wall. No sediment or uroliths evident.

8.8 # Normal trigone area, proximal urethra (0.3 cm), and iliac blood vessels.

**INTERPRETED BY** Iliac lymph nodes and ureters not visualized.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM Normal renal size (left 4 cm, right 3.7 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule, pelvis, and blood flow.

**IMAGING PERFORMED BY** **Reproductive System**

N/A.

**Adrenal Glands**

Denise Bruno LVT, RDMS Normal shape, echogenic appearance, size, and position.

**HOSPITAL NAME** **Spleen**

Veterinary House Calls Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**REFERRING VET**

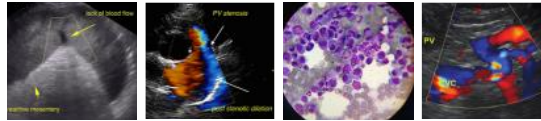
Dr Lowenstein

**INVOICE** **Liver**

302910 Normal size with a diffuse increased echogenic appearance, and some loss of portal markings. Small parenchymal cysts but no nodules or masses evident. Prominent hepatic blood vessels. Full gall bladder with a fold in the wall and containing normal anechoic bile. Thickened (0.2 cm) and hyperechogenic appearance of the gall bladder wall. Tortuous but not dilated bile duct (0.23 cm).

**DATE**

4/14/22



**PATIENT**

Solomon Villano

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

13 years

**WEIGHT**

8.8 #

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Denise Bruno LVT, RDMS

**HOSPITAL NAME**

Veterinary House Calls

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Dr Lowenstein

**INVOICE**

302910

**DATE**

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**Gastrointestinal**

Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristalsis, and no distension of the lumen. Segmental thickening of the duodenum and small intestine (up to 0.45 cm) with a prominent hypoechoic appearance of the submucosal layer but no loss of layering or distension of the lumen and mucosal stippling.

**Pancreas**

Normal size (0.9 cm) with a diffuse hypoechoic appearance. Irregular capsule. Visible pancreatic duct (0.2 cm). Hyperechoic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

Prominent mesenteric lymph nodes.  
Small amount of ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Hepatopathy.
- Pancreatitis.
- Enteropathy.

Secondary findings:

- Age-related renal changes.
- Previous episode of cholecystitis.
- Ascites.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the hepatopathy would be cholangio-hepatitis complex, lipidosis, granulomatous disease, and infiltrative neoplasia.

The appearance of the pancreas is consistent with pancreatitis.

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

The ascites and visible lymph nodes can be ascribed to the intra-abdominal changes.

Further assessment would be FNA cytology of the liver and endoscopy of the upper GI tract with biopsies. With the prominent hepatic veins, thoracic radiographs and echocardiography would also be recommended.

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



**PATIENT**  
**IMAGES**

Solomon Villano

**Pancreas**

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

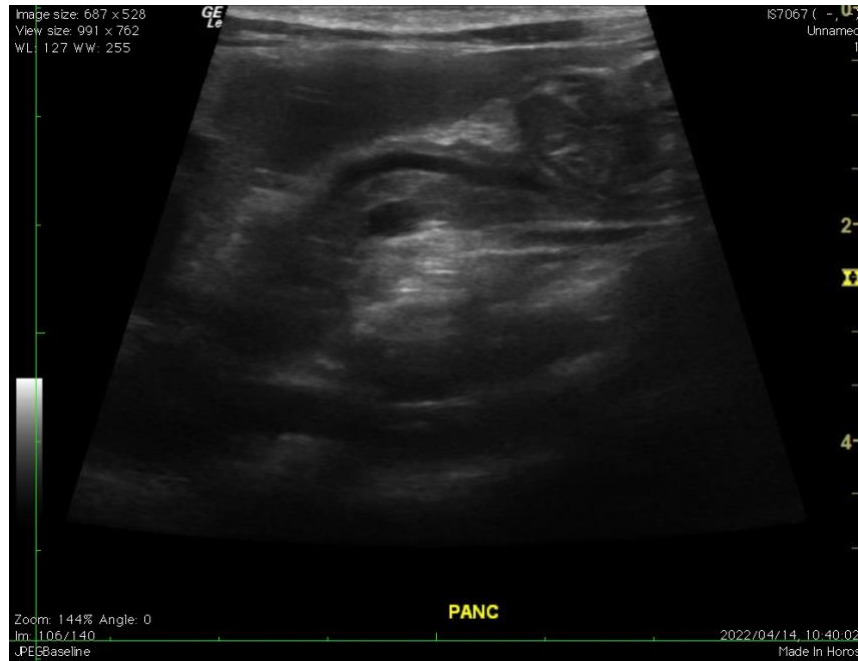
13 years

**WEIGHT**

8.8 #

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 MMedVet (Med), PhD,  
 Dipl. ECVIM



**Liver**

**IMAGING PERFORMED BY**

Denise Bruno LVT, RDMS

**HOSPITAL NAME**

Veterinary House Calls

**REFERRING VET**

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**INVOICE**

302910

**DATE**

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**PATIENT** Small intestine

Solomon Villano

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

13 years

**WEIGHT**

8.8 #



**INTERPRETED BY**

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 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.**

**IMAGING PERFORMED BY**

Denise Bruno LVT, RDMS

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.

**HOSPITAL NAME**

Veterinary House Calls

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