

PATIENT

BonBon Hunt

SPECIES

Feline

BREED

Persian

SEX

MN

AGE

2 years

WEIGHT

4.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Brent Crutchfield,
DVM

HOSPITAL NAME

Treasure Coast
Animal Emergency

REFERRING VET

Dr Cail

INVOICE

302863

DATE

4/5/22

PRESENTING CLINICAL SIGNS

History: 1-month duration intermittent diarrhea.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal appearance and thickness of the wall. Normal anechoic urine with no sediment or uroliths evident.

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.2 cm, right 3.4 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

N/A.

Adrenal Glands

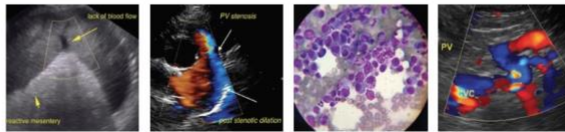
Normal shape, echogenic appearance, position, and size. Left 0.48 cm.

Spleen

Enlarged (1.5 cm) with an increased echogenic appearance and irregular capsule. Smooth homogenous parenchyma 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 echogenic appearance of the gall bladder wall. Normal bile duct.



PATIENT

BonBon Hunt

SPECIES

Feline

BREED

Persian

SEX

MN

AGE

2 years

WEIGHT

4.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Brent Crutchfield,
DVM

HOSPITAL NAME

Treasure Coast
Animal Emergency

REFERRING VET

Dr Cail

INVOICE

302863

DATE

4/5/22

Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (colon 0.08 cm) and peristalsis, and no distension of the lumen. Mild segmental thickening of the small intestine (up to 0.39 cm) with a prominent hypoechoogenic appearance of the submucosal layer but no loss of layering or distension of the lumen.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Enteropathy.
- Splenomegaly.

Secondary findings:

- Prominent colonic lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be inflammatory bowel disease, parasitic enteritis, and dietary hypersensitivity, with emerging lymphoma a less likely differential diagnosis.

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

The prominent colonic lymph nodes are most likely reactive.

Further assessment would be fecal analysis, serum proteins, serum cobalamin assay, FNA cytology of the spleen, and possibly endoscopy of the upper GI tract with biopsies.

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



PATIENT

BonBon Hunt

SPECIES

Feline

BREED

Persian

SEX

MN

AGE

2 years

WEIGHT

4.1 kg

IMAGES

Small intestine



Spleen



INTERPRETED BY

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

IMAGING PERFORMED BY

Brent Crutchfield, DVM

HOSPITAL NAME

Treasure Coast Animal Emergency

REFERRING VET

Dr Cail

INVOICE

302863

DATE

4/5/22

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)
rlobetti@mweb.co.za