



**PATIENT PRESENTING CLINICAL SIGNS**

Bella Izzo History: Pulmonary nodule.

**SPECIES** Physical Examination: N/A.

Feline Urinalysis: N/A.

CBC: N/A.

**BREED** Serum Biochemistry: N/A.

DSH Radiographic Findings: N/A.

**SEX**

FS

**AGE**

15 years

**WEIGHT**

9 #

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

Normal iliac lymph nodes. Ureters not visualized.

Renomegaly (left 3.5 cm, right 3.8 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

**INTERPRETED BY**

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

**Reproductive System**

N/A.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Left 0.39 cm, right 0.42.

**HOSPITAL NAME**

Oviedo Veterinary Care  
and Emergency

**Spleen**

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 Lawrence

**Liver**

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).

**INVOICE**

303037

**Gastrointestinal**

**DATE**

6/16/22

Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.34 cm) and peristaltic activity and no distension of the lumen. Segmental thickening of the small intestine (up to 0.39 cm) with a hypoechoic appearance of the submucosal layer but no loss of layering or distension of the lumen.


**PATIENT** *Pancreas*

Bella Izzo Normal size (right 0.5 cm, left 0.9 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Feline Enlarged mesenteric lymph nodes (up to 0.6 x 1.8 cm) with normal shape and echogenic appearance.

**BREED** No ascites.

DSH *Thorax*

**SEX** No abnormalities evident.

FS **ULTRASONOGRAPHIC FINDINGS**

**AGE** Primary Findings:

- 15 years
- Enteropathy?
  - Mesenteric lymphadenomegaly.

**WEIGHT** Secondary Findings:

- 9 #
- Age-related renal changes.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although the appearance of the small intestine may merely be an age-related change, inflammatory bowel disease, parasitic enteritis, dietary hypersensitivity, and emerging lymphoma needs to be considered.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

The most likely etiology for the mesenteric lymph nodes would be reactive with lymphadenitis less likely and neoplasia, highly unlikely differential diagnoses.

**HOSPITAL NAME**

Oviedo Veterinary Care  
and Emergency

Further assessment that could be considered would be fecal analysis, FNA cytology of the lymph nodes, and, if there are applicable clinical signs (weight loss, vomiting, diarrhea), serum cobalamin assay and endoscopy of the upper GI tract with biopsies. Further assessment of the pulmonary nodule would be CT scan

**REFERRING VET**

Dr Lawrence

Specific therapy would be dependent on an etiological diagnosis.

**INVOICE**

303037

**DATE**

6/16/22



**PATIENT**  
 Bella Izzo

**IMAGES**  
 Jejunum

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

15 years

**WEIGHT**

9 #



**Mesenteric lymph node**



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care  
 and Emergency

**REFERRING VET**

Dr Lawrence

**INVOICE**

303037

**DATE**

6/16/22

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](mailto:rlobetti@mweb.co.za)