


PATIENT PRESENTING CLINICAL SIGNS

Sofia Unger

History: Vomiting.

SPECIES

Feline

Physical Examination: N/A.

Urinalysis: N/A.

BREED

DSH

CBC: Normal

Serum Biochemistry: Normal.

SEX

FS

AGE

13 years

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with sediment or uroliths evident.

WEIGHT

15 #

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

Normal iliac lymph nodes (1.2 cm). Ureters not visualized.

INTERPRETED BY

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

Normal renal size (left 3.3 cm, right 3.4 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, normal right pelvis, and irregular capsule. Left pyelectasia (0.3 cm). Hyperechogenic appearance of the mesentery surrounding the kidneys, with the right side worse than the left.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 0.35 cm, right 0.41 cm).

Spleen

Enlarged (1.3 cm) with a mottled 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. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

 Lake Emma Animal
Hospital

REFERRING VET

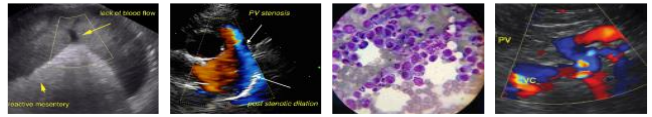
Dr Hecker

INVOICE

303048

DATE

6/21/22


PATIENT *Gastrointestinal*

Sofia Unger
SPECIES
 Feline

Prominent hypoechogenic appearance of the submucosal layer of the stomach, duodenum, and small intestine but with normal thickness (stomach 0.5 cm, duodenum 0.21 cm, jejunum 0.3 cm), no loss of layering, peristaltic activity and no distension of the lumen. Normal appearance of the ileo-cecal junction and colon. Small amount gas within the stomach. Shadowing material within the ileum (2 cm) but no obvious signs of obstruction.

BREED *Pancreas*

DSH
 Normal size (right 0.5 cm, left 0.7 cm) with a hyperechogenic appearance. Irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX *Free Abdomen*

FS
 Mesenteric lymphadenomegaly (0.4 x 1.9 cm) with normal size and hypoechogenic appearance. No ascites.

AGE

13 years

ULTRASONOGRAPHIC FINDINGS
WEIGHT

15 #

Primary Findings:

- Renal disease.
- Gastro-enteropathy.
- Mesenteric lymphadenomegaly.
- Splenic pathology.
- Pancreatic fibrosis.

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Secondary Findings:

- None.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the kidneys would be early chronic kidney disease, bacterial nephritis, and pyelonephritis.

Etiologies for the gastro-enteropathy would be inflammatory bowel disease, parasitic enteritis, dietary hypersensitivity, and emerging lymphoma. The shadowing material within the ileum is most likely ingesta or a hairball but needs to be monitored.

The most likely etiology for the lymph nodes would be reactive secondary to the GI tract with lymphadenitis a differential diagnosis and neoplasia an unlikely differential diagnosis.

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

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Although the appearance of the pancreas is consistent with fibrosis, chronic pancreatitis needs to be considered.


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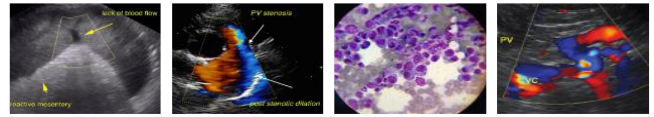
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Further assessment would be urine and fecal analysis, urine culture, fPL/PSL assay, cobalamin assay, FNA cytology of the spleen, and possibly endoscopy of the upper GI tract with biopsies.

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

IMAGES
Left kidney

Spleen

PATIENT Pancreas

Sofia Unger

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Small intestine



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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