

**PATIENT PRESENTING CLINICAL SIGNS**

Pistachio Clune History: Weight loss, pica, diarrhea.

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

Feline Urinalysis: N/A.

**BREED** CBC: N/A.

DSH Serum Biochemistry: N/A.

Radiographic Findings: N/A.

**SEX**

MN

**AGE**

10 years

**WEIGHT**

8 #

**INTERPRETED BY**

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MMedVet (Med), PhD,  
Dipl. ECVIM

**IMAGING PERFORMED BY**

Denise Bruno LVT, RDMS

**HOSPITAL NAME**

Mobile Veterinary Unit

**REFERRING VET**

Dr Nachamie

**INVOICE**

303086

**DATE**

7/1/22

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with a normal thickness but irregular and hyperechogenic appearance 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 4 cm, right 3.9 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Bilateral cortical infarcts.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position. Left 0.79 x 0.38 cm, right 1 x 0.43 cm.

**Spleen**

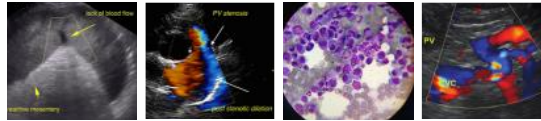
Normal size and echogenic appearance. Large hypoechogenic bulging mass (2 cm) on the head of the spleen. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature.

**Liver**

Normal size and echogenic appearance with prominent portal markings. No nodules or masses evident. Full gall bladder containing small amount of floating hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

**Gastrointestinal**

Normal appearance of the stomach, duodenum, 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 small intestine (up to 0.54 cm) with hypoechogenic appearance of the submucosal layer but no loss of layering or distension of the lumen. Large amount of fluid/fecal material within the colon.



**PATIENT**

**Pancreas**

Pistachio Clune

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

**SPECIES**

**Free Abdomen**

Feline

Mesenteric lymphadenomegaly.

**BREED**

Small amount of acellular ascites.

DSH

Hyperechogenic and irregular appearance of the mesentery.

**SEX**

Primary findings:

MN

- Enteropathy.
- Mesenteric lymphadenomegaly,
- Splenic mass.
- Mesenteric inflammation.
- Cholangio-hepatitis.

**AGE**

10 years

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Secondary findings:

- Cystitis.
- Ascites.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

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Etiologies for the lymph nodes would be reactive, hyperplasia, lymphadenitis, and neoplasia.

Denise Bruno LVT, RDMS

Etiologies for the splenic mass hyperplasia, granulomas, and neoplasia.

**HOSPITAL NAME**

The mesenteric inflammation and ascites can both be ascribed to the enteropathy and lymphadenomegaly.

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Further assessment would be urine and fecal analyses, urine culture, CBC, serum biochemistry, and FNA cytology of the lymph nodes, splenic mass and liver, and possibly endoscopy of the upper GI tract with biopsies.

Dr Nachamie

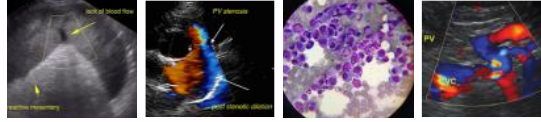
Specific therapy would be dependent on an etiological diagnosis.

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**PATIENT**

Pistachio Clune

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

10 years

**WEIGHT**

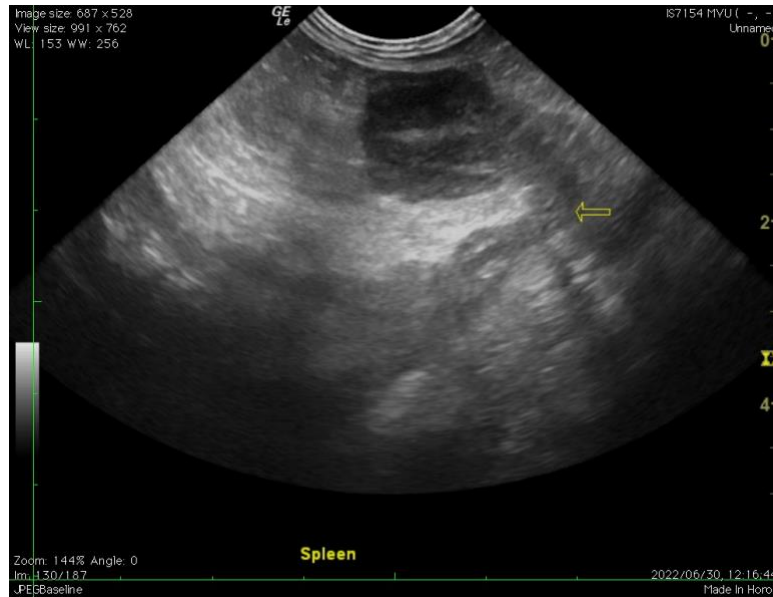
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**IMAGES**

**Small intestine/lymph nodes**



**Spleen**



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**HOSPITAL NAME**

Mobile Veterinary Unit

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Dr Nachamie

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**PATIENT**

Liver

Pistachio Clune

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

10 years

**WEIGHT**

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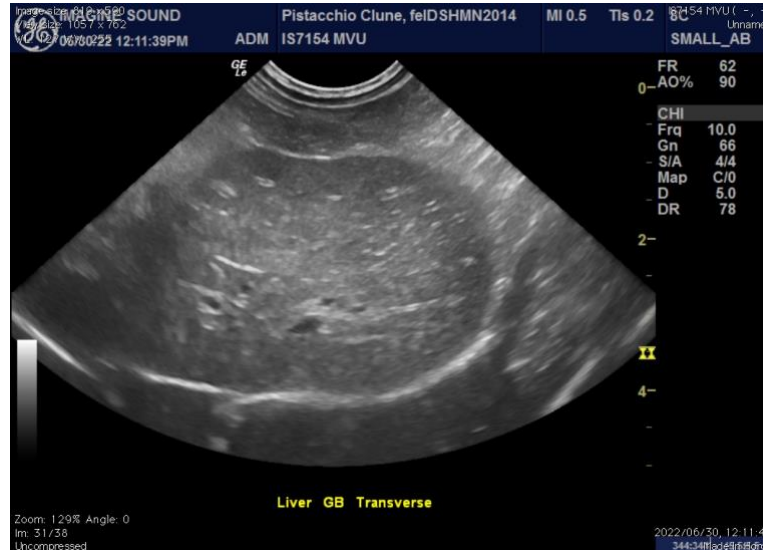
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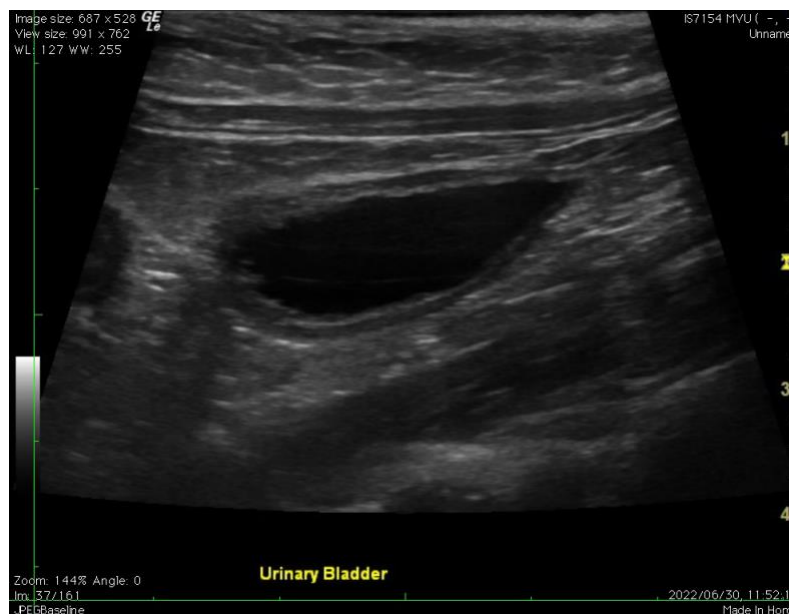
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**Urinary bladder**



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)**  
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