

PATIENT

Bobby Harris

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years

WEIGHT

4.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Seth Mitchell, DVM

HOSPITAL NAME

Treasure Coast Animal
Emergency

REFERRING VET

INVOICE

303149

DATE

7/27/22

PRESENTING CLINICAL SIGNS

History: Intermittent appetite. Diabetic – in 2 IU Vetsulin BID. FIV positive. On daily meloxicam.

Physical Examination: Stomatitis, heart murmur.

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 thickness and 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 3.7 cm, right 4.1 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

N/A.

Adrenal Glands

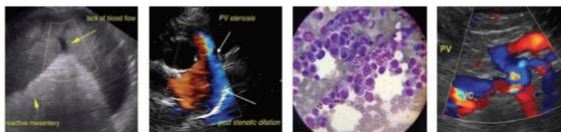
Normal shape, echogenic appearance, position, and size. Left 0.48 cm, right 0.47 cm.

Spleen

Normal size (1 cm) and 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, portal markings, and curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.



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Gastrointestinal

Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.23 cm) and peristaltic activity, and no distension of the lumen. Mild segmental thickening of the small intestine (up to 0.29 cm) with no loss of layering or distension of the lumen.

Pancreas

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

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Enteropathy.

Secondary findings:

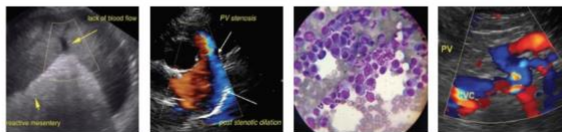
- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be secondary to the chronic NSAID administration, inflammatory bowel disease, dietary hypersensitivity, and parasitic enteritis, with neoplasia, a highly unlikely differential diagnosis.

Further assessment would be fecal analyses, CBC, serum biochemistry, cobalamin assay, and 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 budesonide as prednisolone would be contra-indicated with the diabetes.



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IMAGES

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
 rlobetti@mweb.co.za