



PATIENT PRESENTING CLINICAL SIGNS

Jack Hynes History: Anorexia, dehydrated, puncture wound on face, weight loss. Suspected vomiting.

SPECIES Physical Examination: Weight loss, dehydrated, hematochezia.

Feline Urinalysis: N/A.

CBC: Initially showed left-shift neutropenia, which has resolved. Eosinophilia.

BREED Serum Biochemistry: N/A.

DSH Radiographic Findings: Gas in colon, empty intestines.

SEX

MN

AGE

9 years

WEIGHT

10.1 #

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and appearance of the wall. Moderate amount of floating hyperechogenic sediment. No uroliths evident.

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

Normal Iliac lymph nodes. Ureters not visualized.

Normal renal size, echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

INTERPRETED BY

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Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, size, and position.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

IMAGING PERFORMED BY

Dr Michelle Bartus

HOSPITAL NAME

Valley Veterinary Service
Inc

REFERRING VET

Dr Michelle Bartus

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder with normal tear-drop shape and containing small amount of non-adherent hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct.

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Gastrointestinal

DATE

7/28/22

Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen. Prominent hypoechogenic appearance of the submucosal layer of the duodenum and small intestine with no loss of layering or distension of the lumen and normal peristalsis. Small amount of fluid within the stomach, empty appearance of the rest of the GI tract. No obvious GI tract foreign body visible.



PATIENT *Pancreas*

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

SPECIES *Free Abdomen*

Feline No mesenteric lymphadenomegaly.
No ascites

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings:

MN

- Gastro-enteropathy.

AGE

Secondary Findings:

9 years

- Gall bladder sediment.
- Urinary bladder sediment.

WEIGHT

10.1 #

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Etiologies for the enteropathy would be non-specific gastroenteritis (viral, bacterial, protozoal, helminths, toxins, dietary indiscretion), inflammatory bowel disease, and dietary hypersensitivity.

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With the initial neutropenia and current clinical signs, feline panleukopenia would be an important consideration.

The gall bladder sediment can be considered an incidental finding, secondary to the GI disease.

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Etiologies for the urinary bladder sediment would be non-specific debris, crystalluria, sterile cystitis, and bacterial cystitis.

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Initial further assessment would be urine and fecal analyses, fecal parvo virus Snap/PCR, and fPL/PSL assay. If there is not a satisfactory improvement then endoscopy of both the upper and lower GI tract with biopsies should be considered.

REFERRING VET

Dr Michelle Bartus

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be fluid therapy, correction of electrolyte anomalies (if present), anti-emetics, and feeding an intestinal diet.

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PATIENT
IMAGES
 Jack Hynes **Stomach**

SPECIES
 Feline
BREED
 DSH
SEX
 MN
AGE
 9 years
WEIGHT
 10.1 #



Small intestine

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PATIENT Gall bladder

Jack Hynes

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 years

WEIGHT

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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.

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