**PATIENT**

Lily Zimmerman

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

3.6 kg

INTERPRETED BYRemo Lobetti, BVSc,
MMedVet (Med), PhD, Dipl.
ECVIM**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC – Dr Mallo

INVOICE

303158

DATE

7/30/22

PRESENTING CLINICAL SIGNS

History: Vomiting and anorexia 10 days ago that resolved with symptomatic therapy. Anorexia past 2 days.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: Normal.

Serum Biochemistry: Normal.

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 cm, right 3.3 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Small hyperechogenic foci within the cortexes of both kidneys.

Reproductive System

N/A.

Adrenal Glands

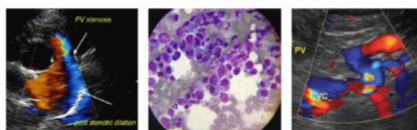
Normal shape, echogenic appearance, size, and position. Left 0.41 cm, right 0.39 cm.

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.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Dilated bile duct (0.4 cm).

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Gastrointestinal

Normal appearance of the stomach, duodenum, and ileo-cecal junction with no loss of layering, normal wall thickness (stomach 0.23 cm, duodenum 0.23 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the small intestine (jejunum up to 0.39 cm, ileum up to 0.43 cm,) with no loss of layering or distension of the lumen. Patchy areas of hyperechogenic appearance of the mesentery surrounding the small intestine. Normal thickness of the colon (0.15 cm) with normal layering. Small hypoechoic nodules (0.2 cm) within the wall of the colon

Pancreas

Normal size (0.9 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Mesenteric lymphadenomegaly (up to 0.6 x 1.5 cm) with normal shape and echogenic appearance. Small anechoic cystic structures within one lymph node. Hyperechogenic mesentery surrounding the lymph nodes. No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Enteropathy.
- Colonic nodules.
- Lymphadenomegaly.
- Mesenteric inflammation.

Secondary Findings:

- Age-related renal changes.
- Age-related distension of the bile duct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the colonic nodules would be reactive lymphoid tissue, abscesses, granulomas, and neoplasia.

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

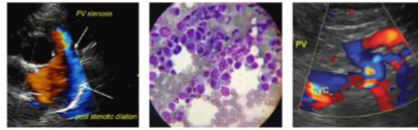
The mesenteric inflammation can be ascribed to the enteropathy and lymphadenomegaly.

Further assessment would be fecal analysis, cobalamin assay, FNA cytology of the lymph nodes, and possibly endoscopy of both the upper and lower GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

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IMAGES

Colon

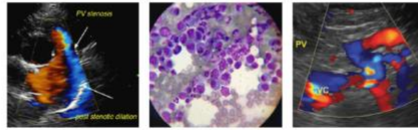


Jejunum



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Ileum/lymph nodes



Liver/bile duct

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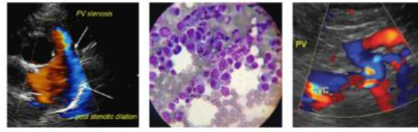
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Left kidney

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ECVIM

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

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