



**PATIENT PRESENTING CLINICAL SIGNS**

Mac Wilbur History: Vomiting. Previous history of NSAID toxicity and urinary issues.

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

Feline Urinalysis: N/A.

CBC: N/A.

**BREED** Serum Biochemistry: N/A.

DSH Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**MN** *Urinary System*

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

**WEIGHT** Normal trigone area, proximal urethra (0.1 cm), and iliac blood vessels.

10 # Normal iliac lymph nodes. Ureters not visualized.

Left kidney – small (2.1 cm), hyperechogenic, loss of cortico-medullary differentiation, and normal pelvis and capsule. Pinpoint mineralization.

**INTERPRETED BY**

Right kidney – enlarged (4.1 cm) with normal echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

*Reproductive System*

N/A.

*Adrenal Glands*

Normal shape, echogenic appearance, size, and position. Left 0.32 cm, right 0.32 cm.

*Spleen*

Normal size (0.8 cm) and echogenic appearance. Smooth homogenous parenchyma, regular 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 small amount of hyperechogenic sediment. Thickened and hyperechogenic appearance of the gall bladder wall. Normal bile duct (0.1 cm).

**INVOICE**

303095

**DATE**

7/4/22

Remo Lobetti, BVSc,  
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**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**REFERRING VET**

Dr Clark



**PATIENT** *Gastrointestinal*

Mac Wilbur Normal appearance of the small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (jejunum 0.28 cm) and peristaltic activity, and no distension of the lumen.

**SPECIES** Mild thickening of the stomach (0.4 cm) and duodenum (0.31 cm) with no loss of layering or distension of the lumen. Large amount of ingesta within the stomach.

Feline

*Pancreas*

**BREED** Normal size (left 0.6 cm, right 0.5 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

DSH

*Free Abdomen*

**SEX**

Normal mesenteric lymph nodes (0.2 x 1.9 cm).

**MN**

No ascites.

**AGE**

Hyperechoic appearance of mesentery surrounding the gastric fundus.

3 years

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Gastro-duodenitis.

Secondary Findings:

- Small left kidney.
- Previous cholecystitis.
- Urinary bladder sediment.

**WEIGHT**

10 #

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the gastro-duodenitis would be non-specific conditions (viral, bacterial, protozoa, helminths, toxins, dietary indiscretion), *Helicobacter* gastritis, inflammatory bowel disease, and dietary hypersensitivity, with emerging lymphoma a far less likely differential diagnosis. With the ingesta-filled stomach, a foreign body needs to be considered

The most likely etiology for the left kidney would be previous episode of obstructive uropathy or acute kidney injury; with bacterial nephritis and a congenital anomaly, differential diagnoses. The right renomegaly would be compensatory hypertrophy.

Initial further assessment (for acute vomiting) would be urine and fecal analysis, CBC, and serum biochemistry; with additional diagnostics (if vomiting is chronic) being serum cobalamin assay and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



**PATIENT IMAGES**

Mac Wilbur

**Urinary bladder**

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

3 years

**WEIGHT**

10 #



**Left kidney**

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**PATIENT** Gall bladder

Mac Wilbur

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

3 years

**WEIGHT**

10 #

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**Stomach**



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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