



**PATIENT PRESENTING CLINICAL SIGNS**

Vector Owen  
History: Chronic vomiting.  
Physical Examination: N/A.  
**SPECIES**  
Feline  
Urinalysis: N/A.  
CBC: N/A.

**BREED**  
DSH  
Serum Biochemistry: N/A.  
Radiographic Findings: Possible foreign body – gas distention, plication.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**MN *Urinary System***

**AGE**  
10 years  
Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

**WEIGHT**  
Normal trigone area, proximal urethra (0.2 cm), and iliac blood vessels.  
Normal iliac lymph nodes. Ureters not visualized.

**INTERPRETED BY**

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ECVIM

Normal renal size (both 3.9 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 0.38 cm, right 0.38 cm.

***Spleen***

Normal size (0.7 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 normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).

***Gastrointestinal***

Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (colon 0.1 cm) and peristaltic activity, and no distension of the lumen. Diffuse thickening of the duodenum (0.38 cm) and small intestine with no loss of layering or distention of the lumen. Severe thickening of a focal section of the jejunum (0.7 cm) with loss of layering, hyperechogenic appearance of surrounding mesentery, and mild dilation of the lumen.

**DATE**

7/4/22

**INVOICE**

303096

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**REFERRING VET**

Dr Clark



**PATIENT** *Pancreas*

Vector Owen Enlarged (left 1.1 cm, right 0.9 cm) with a hypoechogenic appearance of especially the left lobe. Irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES**

Feline *Free Abdomen*

**BREED**

Mesenteric lymph nodes (0.5 x 3.3 cm) with normal shape and echogenic appearance. No ascites.

**DSH**

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Primary Findings:

**MN**

- Focal intestinal thickening.
- Enteropathy.
- Mesenteric lymphadenopathy.
- Pancreatitis.

**AGE**

10 years

Secondary Findings:

**WEIGHT**

- None.

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Etiologies for the focal intestinal thickening would be severe regional inflammatory bowel disease, granulomatous disease, and neoplasia (lymphoma, carcinoma).

**IMAGING PERFORMED BY**

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

Sonya Myers, DVM

The most likely etiology for the lymph nodes would be reactive with lymphadenitis and infiltrative neoplasia, differential diagnoses.

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Further assessment would be fecal analysis, fPL/PSL assay, serum cobalamin assay, FNA cytology of the focal jejunal thickening, and possibly endoscopy of the upper GI tract with biopsies.

**REFERRING VET**

Specific therapy would be dependent on an etiological diagnosis.

Dr Clark

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**PATIENT**

Vector Owen

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

10 years

**WEIGHT**

**IMAGES**

**Jejunum**

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**PATIENT** Pancreas

Vector Owen

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

10 years

**WEIGHT**



**Mesenteric lymph node**

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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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