



**PATIENT**

Maestro Ruttenberg

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

9 years

**WEIGHT**

10.8 #

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Lara Wiseman, DVM

**HOSPITAL NAME**

Calusa Veterinary  
Center

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**DATE**

8/21/22

**PRESENTING CLINICAL SIGNS**

History: Vomiting and diarrhea past month.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: Normal.

Serum Biochemistry: Normal, including fPL.

Radiographic Findings: Normal.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with a normal thickness and echogenic appearance of the wall. Small 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 (both 3.8 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Bilateral pinpoint cortical mineralization.

**Reproductive System**

N/A.

**Adrenal Glands**

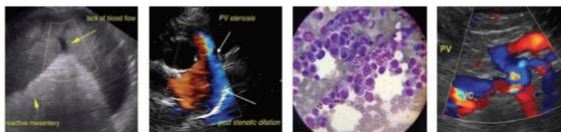
Normal shape, echogenic appearance, position, and size. Left 0.32 cm, right 0.38 cm.

**Spleen**

Normal size (0.8 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 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. Normal bile duct.



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***Gastrointestinal***

Maestro Ruttenberg

Normal appearance of the gastro-esophageal junction, stomach, duodenum, and ileo-cecal junction with no loss of layering, normal wall thickness (duodenum 0.2 cm) and peristaltic activity, and no distension of the lumen. Section of the jejunum (approximately 5 cm) is thickened (0.34 cm) but with no loss of layering or distension of the lumen. Rest of the small intestine appears normal. Thickening of the colon (0.26 cm) with no loss of layering. Fluid-filled colon.

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***Pancreas***

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Normal size (right 0.7 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas with fluid pockets.

MN

***Free Abdomen***

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Mesenteric lymphadenomegaly (0.9 cm) with normal shape and a hypoechoic appearance.

No ascites.

**WEIGHT**

Hyperechoic appearance of the mesentery mid-abdomen.

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**ULTRASONOGRAPHIC FINDINGS**

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Primary findings:

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- Focal small intestinal thickening.
- Colitis.
- Mesenteric lymphadenomegaly
- Mesenteric inflammation.

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Secondary findings:

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- Age-related renal changes.
- Urinary bladder sediment.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Etiologies for the focal intestinal thickening and associated mesenteric inflammation would be focal enteritis (necrotic enteritis, focal perforation, granulomatous reaction, parasitic, and emerging neoplasia), with inflammatory bowel disease and dietary hypersensitivity, differential diagnoses.

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Etiologies for the colitis would be granulomatous, parasitic, inflammatory bowel disease, dietary hypersensitivity, and neoplasia.

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

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Further assessment would be urine and fecal analyses, cobalamin assay, FNA cytology of the lymph nodes, and possibly endoscopy of both the upper and lower GI tract. As there is focal thickening with associated mesenteric inflammation, laparotomy should be considered as it could be both diagnostic and therapeutic.



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Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be novel protein/hypoallergic diet, course of fenbendazole and/or metronidazole, cobalamin supplementation, and possibly prednisolone.

**IMAGES**

**Jejunum**



**Colon**



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**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.

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