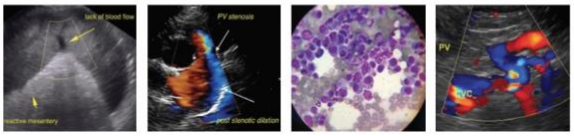
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
MobileVeterinaryImaging.net 772-8881553

PATIENT
Hera Yanchula

SPECIES
Canine

BREED
JRT

SEX
FS

AGE
15 years

WEIGHT
#

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

IMAGING PERFORMED BY
Sonya Myers, DVM

HOSPITAL NAME
Planet Pet Animal Hospital

REFERRING VET
Dr Witte

INVOICE
302607

DATE
10/19/21

PRESENTING CLINICAL SIGNS

History: Weight loss past 2 months with soft stool. Acute vomiting.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: Non-regenerative anemia, monocytosis.

Serum Biochemistry: Mildly elevated ALT activity and amylase, hypoalbuminemia.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder with a normal appearance and thickness of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra (0.22 cm) and iliac blood vessels.

Normal iliac lymph nodes (1 cm). Ureters not visualized.

Normal renal size (left kidney 4.1 cm, right 4.5 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, capsule, and pelvis.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, and position. Normal size of the right gland (0.52/0.55) but enlarged left gland (0.83/0.83 cm).

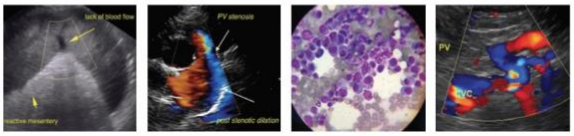
Spleen

Normal size and echogenic appearance. Small focal parenchymal nodule (0.35 cm). Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size with a diffuse increased echogenic appearance, and some loss of portal markings. No nodules or masses evident. Full gall bladder containing both adherent (0.68 cm) and non-adherent sediment. Thickened and irregular appearance of the gall bladder wall with a diffuse hyperechogenic appearance. Normal bile duct (0.14 cm).

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
MobileVeterinaryImaging.net 772-8881553

PATIENT
Hera Yanchula

SPECIES
Canine

BREED
JRT

SEX
FS

AGE
15 years

WEIGHT
#

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

IMAGING PERFORMED BY
Sonya Myers, DVM

HOSPITAL NAME
Planet Pet Animal Hospital

REFERRING VET
Dr Witte

INVOICE
302607

DATE
10/19/21

Gastrointestinal

Normal appearance of the gastro-esophageal junction, duodenum, ileo-cecal junction, and colon with no loss of layering and normal wall thickness (duodenum 0.46 cm) and peristalsis, and no distension of the lumen. Segmental thickening of the stomach (up to 1.4 cm) with increased echogenic appearance and possible loss of layering. Thickening of the jejunum (0.52 cm) with diffuse mucosal stippling but no loss of layering or distention of the lumen. Focal irregular hypoechogenic jejunal mass (3.2 x 2.2 cm).

Pancreas

Normal size (right 1.9 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Mesenteric lymphadenomegaly (2.6 x 0.5 cm) with normal shape and echogenic appearance.
Focal area of mesenteric mineralization between the right adrenal the right kidney.
Small amount of acellular ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Jejunal mass.
- Gastric thickening.
- Enteropathy.
- Mesenteric lymphadenomegaly.
- Left adrenomegaly.
- Hepatopathy.
- Cholecystitis.

Secondary findings:

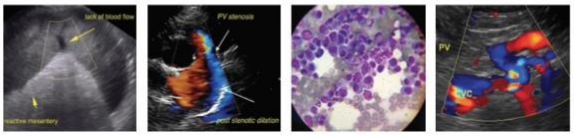
- Ascites.
- Splenic nodule.
- Focal mesenteric mineralization.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the jejunal mass would be neoplasia (lymphoma, carcinoma) with granuloma and focal perforation differential diagnoses.

Etiologies for the gastric thickening would be *Helicobacter* gastritis, ulcerative disease, granulomatous disease, neoplasia, and severe inflammatory bowel disease.

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



PATIENT
Hera Yanchula

SPECIES
Canine

BREED
JRT

SEX
FS

AGE
15 years

WEIGHT
#

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

IMAGING PERFORMED BY
Sonya Myers, DVM

HOSPITAL NAME
Planet Pet Animal Hospital

REFERRING VET
Dr Witte

INVOICE
302607

DATE
10/19/21

Etiologies for the lymphadenomegaly would be reactive, hyperplasia, lymphadenitis, and infiltrative neoplasia.

Etiologies for the adrenomegaly would be age-related, disease stress, and emerging Cushing's disease.

Etiologies for the hepatopathy would be reactive, vacuolar, metabolic, chronic hepatitis, early cirrhosis, and infiltrative neoplasia.

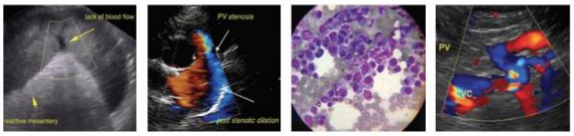
The appearance of the gall bladder is typical for cholecystitis.

The ascites can be ascribed to the abdominal pathology as well as the hypoalbuminemia, although peritonitis, blood, and neoplasia would be possible differential diagnoses.

The splenic nodule is most likely reactive hyperplasia and incidental but neoplasia, abscessation, and granuloma would be less likely differential diagnoses.

Initial further assessment would be 3-view thoracic radiographs, FNA cytology of the liver jejunal mass, and mesenteric lymph nodes, and analysis of the ascitic fluid.
A laparotomy would allow for the possible excision of the jejunal mass as well as obtaining biopsies of the gastric wall, small intestine, liver, and mesenteric lymph nodes.
Adrenal function testing (ACTH/LDDS test) should also be considered if there are compatible clinical, urine SG, and serum biochemistry changes.

Specific therapy would be dependent on an etiological diagnosis.



PATIENT
Hera Yanchula

SPECIES
Canine

BREED
JRT

SEX
FS

AGE
15 years

WEIGHT
#

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

IMAGING PERFORMED BY
Sonya Myers, DVM

HOSPITAL NAME
Planet Pet Animal Hospital

REFERRING VET
Dr Witte

INVOICE
302607

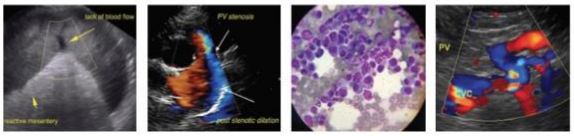
DATE
10/19/21

IMAGES

Stomach

Small intestine

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
MobileVeterinaryImaging.net 772-8881553

PATIENT
Hera Yanchula

SPECIES
Canine

BREED
JRT

SEX
FS

AGE
15 years

WEIGHT
#

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

IMAGING PERFORMED BY
Sonya Myers, DVM

HOSPITAL NAME
Planet Pet Animal Hospital

REFERRING VET
Dr Witte

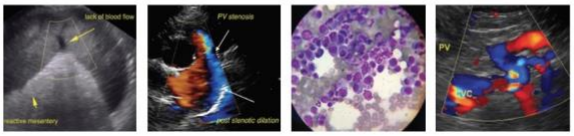
INVOICE
302607

DATE
10/19/21

Jejunal mass

Liver

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
MobileVeterinaryImaging.net 772-8881553

PATIENT
Hera Yanchula

SPECIES
Canine

BREED
JRT

SEX
FS

AGE
15 years

WEIGHT
#

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

IMAGING PERFORMED BY
Sonya Myers, DVM

HOSPITAL NAME
Planet Pet Animal Hospital

REFERRING VET
Dr Witte

INVOICE
302607

DATE
10/19/21

Gall 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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
rlobetti@mweb.co.za