

PATIENT

Max Sindeaux

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Intact Male

AGE

12 years

WEIGHT

25 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Boca Midtowne
Animal Hospital

REFERRING VET

INVOICE

302636

DATE

11/16/21

PRESENTING CLINICAL SIGNS

History: Acute hematemesis.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: Neutrophilia, low-normal hematocrit.

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.

Iliac lymphadenomegaly (1.6 x 0,5 cm) with normal shape and echogenic appearance. Ureters not visualized.

Normal renal size (left 5.1 cm, right 5.7 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and pelvis.

Reproductive System

Enlarged prostate (3.8 x 2.4 cm) with increased echogenic appearance and multiple small anechoic cysts. Normal echogenic appearance of the peri-prostatic tissue.

Normal size and echogenic appearance of the testicles (left 2.9 cm, right 2.6 cm). Small hypoechogenic parenchymal nodule in the right testis.

Adrenal Glands

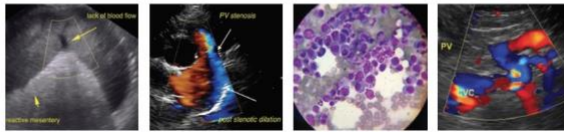
Normal shape, echogenic appearance, size, and position. Left 0.55 cm, right 0.57 cm.

Spleen

Normal size (1 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, and portal markings. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Normal bile duct (0.25 cm). Hepatic lymphadenomegaly (0.7 cm) with normal shape and echogenic appearance.



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.27 cm) and peristalsis, and no distension of the lumen. Thickening of the duodenum (0.5 cm) and jejunum (0.5 cm) but with no loss of layering or distension of the lumen.

Pancreas

Normal size (right 1.4 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Mesenteric lymphadenomegaly (1.6 cm) with normal shape and echogenic appearance. No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Enteropathy.
- Intra-abdominal lymphadenomegaly.
- Cystic prostamegaly.

Secondary findings:

- Age-related renal changes.
- Testicular nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be non-specific enteritis (viral, bacterial, protozoal, helminths, dietary indiscretion, toxins), inflammatory bowel disease and dietary hypersensitivity, with neoplasia a far less likely differential diagnosis. With the hematemesis, ulcerative disease needs to be considered.

Etiologies for the lymphadenomegaly would be reactive, lymphadenitis, and lymphoma.

The appearance of the prostate is typical for benign prostatic hyperplasia. The testicular nodule is most likely an incidental benign adenoma.

Further assessment would be fecal analysis and FNA cytology of the lymph nodes; and if there is not a satisfactory improvement then endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management of the enteropathy would be intestinal diet, anti-emetics, gastric protectants, and a course of metronidazole and/or fenbendazole. Ideal management of the prostate and testicular nodule would be castration.



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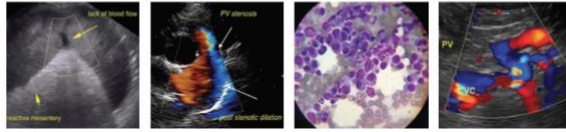
IMAGES

Prostate



Right testis





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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.

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