



PATIENT

Buster Brafman

SPECIES

Canine

BREED

Beagle Mix

SEX

MN

AGE

6 years

WEIGHT

40 #

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Lara Wiseman, DVM

HOSPITAL NAME

Heron Lakes Animal
Hospital

REFERRING VET

INVOICE

302678

DATE

12/16/21

PRESENTING CLINICAL SIGNS

History: Vomiting few days ago that resolved. Acute onset hemorrhagic diarrhea.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: Normal.

Serum Biochemistry: Normal.

Radiographic Findings: Normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small 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.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 5.4 cm, right 5.1 cm), echogenic appearance, cortico-medullary differentiation, capsule, and pelvis.

Reproductive System

Small hypoechoic prostate (0.65 cm).

Adrenal Glands

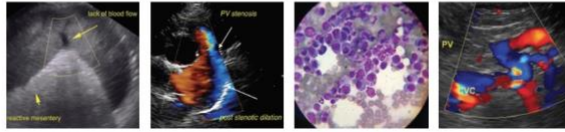
Normal shape, echogenic appearance, size, and position. Left 0.52 cm, right 0.5 cm.

Spleen

Normal size (1.4 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. Full gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Normal bile duct.



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.38 cm, jejunum 0.4cm) and peristalsis, and no distension of the lumen. Fluid and fecal material in the colon.

Pancreas

Normal size (right 1.2 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Mesenteric lymphadenomegaly (2.3 x 0.5 cm) with normal shape and echogenic appearance.

Colonic lymphadenomegaly (1.2 cm) with normal shape and echogenic appearance.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Mesenteric and colonic lymphadenomegaly.

Secondary findings:

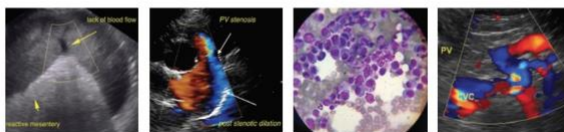
- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the mesenteric lymphadenopathy would be reactive secondary to the GI disease, with lymphadenitis a less likely differential diagnosis and neoplasia highly unlikely.

Further assessment would be fecal analysis.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be fluid therapy as needed, intestinal diet, course of fenbendazole and/or metronidazole, and enteric absorbents/protectants.



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IMAGES

Colonic lymph node



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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