

PATIENT

Cruz Greenberg

SPECIES

Canine

BREED

Golden retriever

SEX

MN

AGE

7 years

WEIGHT

66 #

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

302667

DATE

12/9/21

PRESENTING CLINICAL SIGNS

History: Vomiting and diarrhea that has responded to conservative therapy.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: Normal.

Serum Biochemistry: Normal, including Snap cPL.

Radiographic Findings: Persistent focal peritonitis vs pancreatitis, no evidence of GI obstruction.

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.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 7.1 cm, right 4.6 cm), echogenic appearance, cortico-medullary differentiation, capsule, and pelvis.

Reproductive System

Small hypoechoic prostate (0.9 cm).

Adrenal Glands

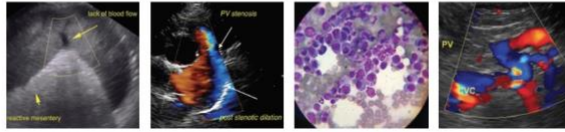
Normal shape, echogenic appearance, size, and position. Left 0.54 cm, right 0.5 cm.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvilinear 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.



PATIENT

Cruz Greenberg

SPECIES

Canine

BREED

Golden retriever

SEX

MN

AGE

7 years

WEIGHT

66 #

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

302667

DATE

12/9/21

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 (stomach 0.42 cm, duodenum 0.43 cm, jejunum 0.31 cm) and peristalsis, and no distension of the lumen. Small amount of gas in stomach and fluid in the small intestine.

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 (3.1 x 0.66 cm) with normal shape and echogenic appearance.

No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Mesenteric lymphadenopathy.

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.

The gas in the stomach and fluid in the small intestine can be ascribed to the non-specific gastro-enteritis.

Further assessment would be fecal analysis.

Specific therapy would be dependent on an etiological diagnosis.



IMAGES

Mesenteric lymph node

PATIENT

Cruz Greenberg

SPECIES

Canine

BREED

Golden retriever

SEX

MN

AGE

7 years

WEIGHT

66 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Boca Midtowne
 Animal Hospital

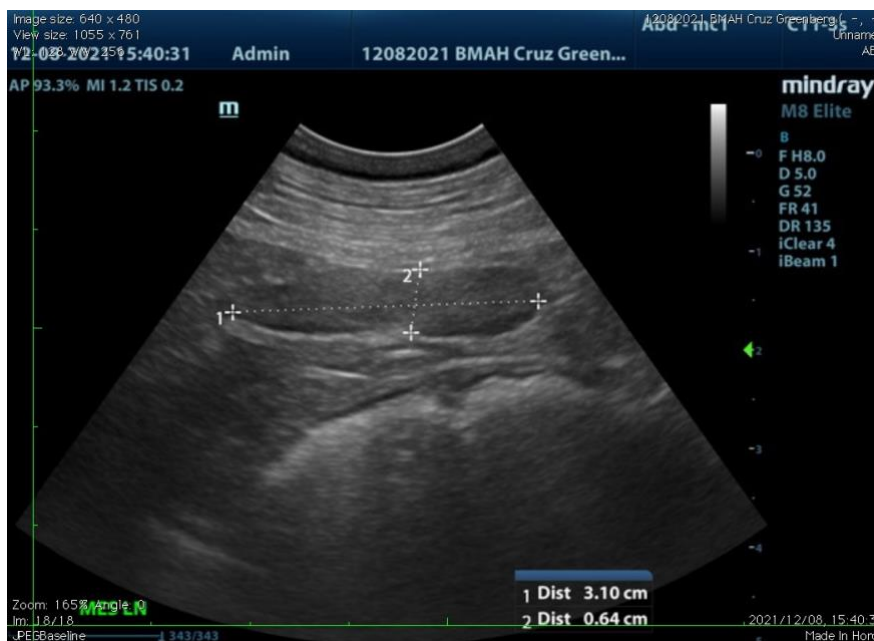
REFERRING VET

INVOICE

302667

DATE

12/9/21



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