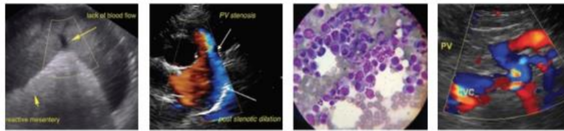


PATIENT
Dobby Nolen

SPECIES
Canine

BREED
Miniature Pinscher

SEX
MN

AGE
9 years

WEIGHT
7 kg

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

IMAGING PERFORMED BY
Sonya Myers, DVM

HOSPITAL NAME
Treasure Coast Animal Emergency

REFERRING VET
Dr Cail

INVOICE
302671

DATE
12/10/21

PRESENTING CLINICAL SIGNS

History: GI tract signs that improved with symptomatic therapy but relapsed, persistent vomiting.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: Hemoconcentration, neutrophilia.

Serum Biochemistry: Hypoalbuminemia, elevated bile acids.

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.

Normal iliac lymph nodes (2.4 cm). Ureters not visualized.

Normal renal size (left 4.2 cm, right 4.1 cm), echogenic appearance, cortico-medullary differentiation, capsule, and pelvis.

Reproductive System

Small hypoechogenic prostate.

Adrenal Glands

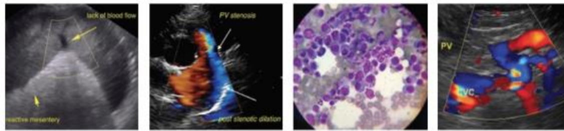
Normal shape, echogenic appearance, size, and position. Left 0.53/0.44 cm, right 0.52 cm.

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, diffuse hypoechogenic appearance, and prominent 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 (0.26 cm).



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, pylorus, ileo-cecal junction, and colon with no loss of layering, normal wall thickness, and no distension of the lumen. Thickening of the gastric wall (1.3 cm) with no loss of layering. FNA taken with no obvious post aspirate hemorrhage. Thickening of the duodenum (0.54 cm) and small intestine (0.48 cm) with diffuse mucosal stippling but no loss of layering or distension of the lumen.

Pancreas

Normal size (right 1 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes (2 cm).
Small amount of ascites
Hyperechoic appearance of the mesentery.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Gastric thickening.
- Enteropathy.
- Hepatopathy.
- Ascites.
- Mesenteric inflammation.

Secondary findings:

- None

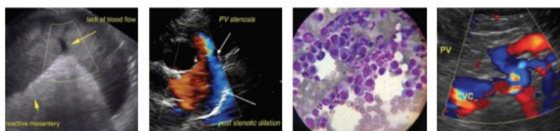
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastric thickening would be granulomatous reaction, hyperplastic gastritis, *Helicobacter* gastritis, ulceration, focal perforation, and neoplasia.

Etiologies for the enteropathy would be primary lymphangectasia or secondary to inflammatory bowel disease, dietary hypersensitivity, parasitic enteritis; with emerging lymphoma, a less likely differential diagnosis.

Etiologies for the hepatopathy would be reactive, hyperplasia, vacuolar, chronic hepatitis, and infiltrative neoplasia.

Although the ascites and mesenteric inflammation can be ascribed to the enteropathy, low-grade peritonitis needs to be considered.



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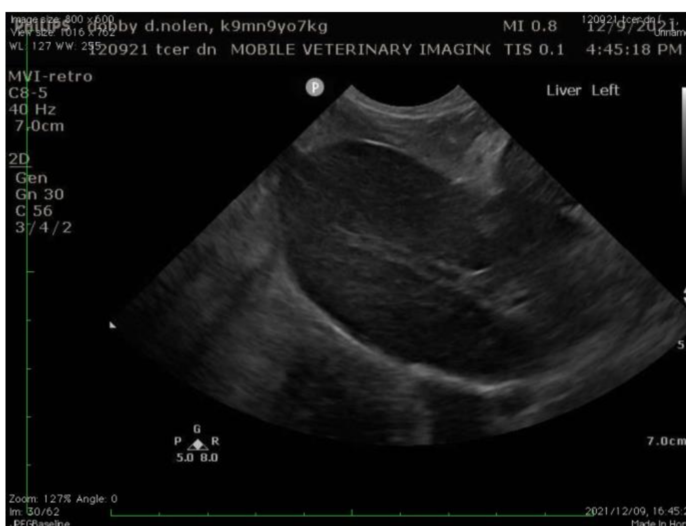
Further assessment needs to be based on the results of the gastric FNA cytology but could include fecal analysis, cobalamin assay, FNA cytology of the liver, analysis of the ascitic fluid (if possible), and possibly endoscopy of the upper GI tract with biopsies.

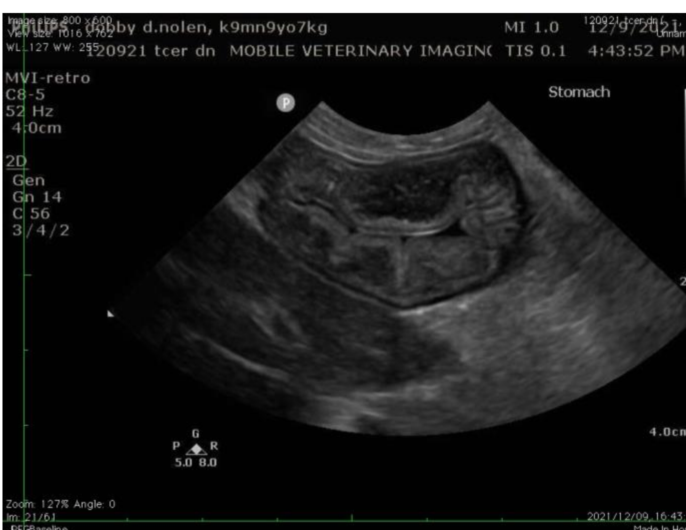
Specific therapy would be dependent on an etiological diagnosis.

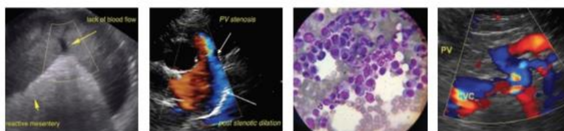
IMAGES

Liver



Stomach





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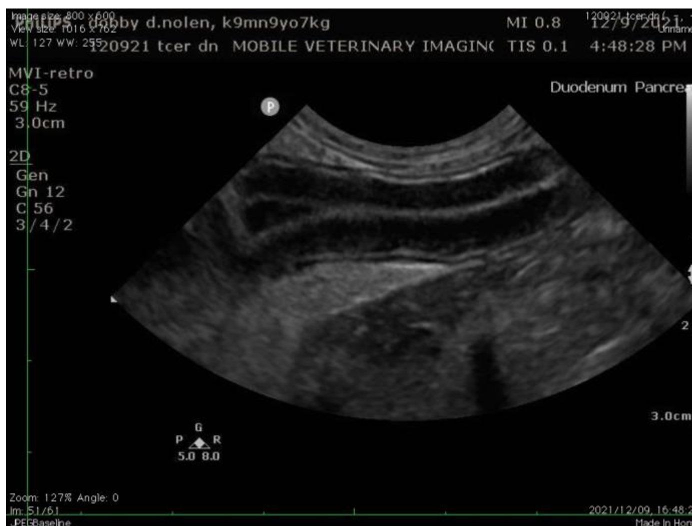
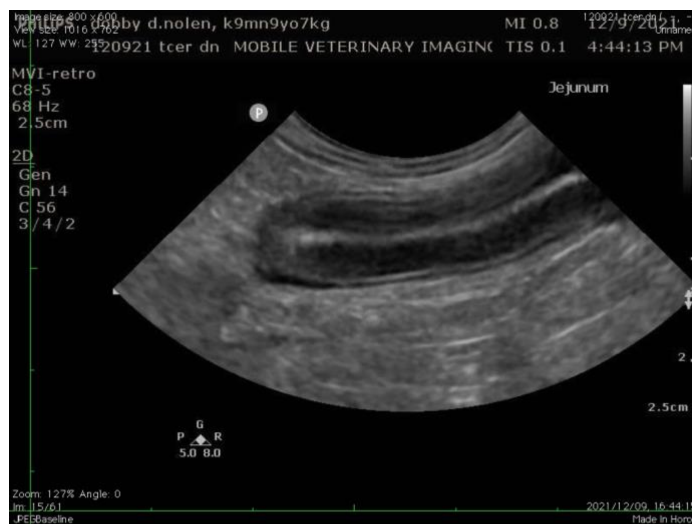
Duodenum



Jejunum



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