



PATIENT

Mango Nagy

SPECIES

Canine

BREED

Golden retriever

SEX

Male

AGE

10 weeks

WEIGHT

11 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

302672

DATE

12/10/21

PRESENTING CLINICAL SIGNS

History: Possible FB – fasted for 2 days. Vomiting despite Cerenia.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: Ileus, possible gastric foreign body.

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 (2.2 cm). Ureters not visualized.

Normal renal size (left 6.3 cm, right 6.4 cm), echogenic appearance, cortico-medullary differentiation, capsule, and pelvis.

Reproductive System

Small hypoechoic prostate.

Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 0.38/0.24 cm, right 0.37/0.36 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. Full gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Normal bile duct (0.28 cm).



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.35 cm, jejunum 0.41 cm), and no distension of the lumen. Thickening of the gastric wall (0.77 cm) with no loss of layering. Small amount gas and fluid within the stomach.

Pancreas

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

Free Abdomen

Mesenteric lymphadenomegaly (3 x 1.4 cm).
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Gastric thickening.
- Mesenteric lymphadenomegaly.

Secondary findings:

- None

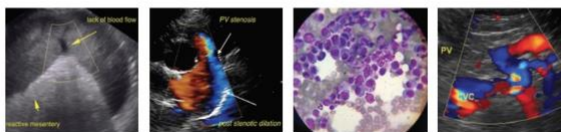
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the gastric thickening would be non-specific gastritis – viral, helminths, foreign body reaction, toxins, dietary indiscretion. With the patients' age *Helicobacter* gastritis, ulceration, inflammatory bowel disease, and dietary hypersensitivity would all be highly unlikely.

Etiologies for the mesenteric lymphadenomegaly would be age-related and reactive with lymphadenitis a differential diagnosis.

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

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be to continue with anti-emetics, fluid therapy as needed, intestinal diet, and a course of fenbendazole.



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IMAGES

Stomach



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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