

PATIENT

Molly Rizzo

SPECIES

Canine

BREED

Doberman

SEX

FS

AGE

5 years

WEIGHT

81 #

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 Mueller

INVOICE

302524

DATE

8/17/21

PRESENTING CLINICAL SIGNS

History: AERC for abdominal pain on 8/14 with radiographs and bloodwork performed. Treated as an outpatient with pain meds. Pain again.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

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 (1 cm) and iliac blood vessels.

Normal iliac lymph nodes (2.1 cm). Ureters not visualized.

Normal renal size (left 5.9 cm, right 6.4 cm), echogenic appearance, cortico-medullary differentiation, capsule, and pelvis.

Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 0.63/0.55 cm, right 0.68/0.57 cm.

Spleen

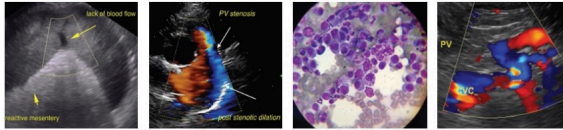
Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvilinear capsule, and normal vasculature. Focal hypoechogenic parenchymal nodule (0.6 cm) in the body of the spleen. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, and normal 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 (0.21 cm).

Gastrointestinal

Normal appearance of the pylorus, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering and normal wall thickness (jejunum 0.34 cm) and peristalsis, and no distension of the lumen. Segmental thickening of the gastric wall (up 0.58 cm) but with no loss of layering. Small amount of gas within the stomach.



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Pancreas

Normal size (right 1.25 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes (2.2 cm).
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Gastric thickening.

Secondary findings:

- Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

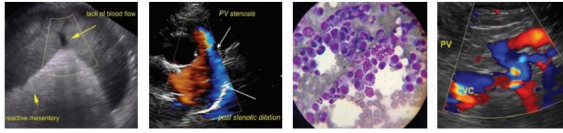
Etiologies for the gastric thickening would be secondary to the recent analgesic drugs, non-specific gastritis (dietary indiscretion, toxins, helminths), *Helicobacter* gastritis, ulcerative gastritis, inflammatory bowel disease and dietary hypersensitivity, with emerging neoplasia a less likely differential diagnosis.

Although the splenic nodule is most likely an incidental reactive/hyperplastic nodule, granuloma, abscess, and emerging neoplasia needs to be considered.

Although the gastritis could account for the presenting clinical signs, orthopedic, muscular, and neurological conditions should be considered.

Further assessment of the gastric thickening would be fecal analysis and if there is not a satisfactory improvement then gastroscopy with biopsies. Monitoring of the splenic nodule would also be recommended.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be gastric protectants – omeprazole and sucralfate.



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IMAGES

Stomach



Spleen



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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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