



PATIENT PRESENTING CLINICAL SIGNS

Florence Morrison History: Three-day duration of relatively frequent vomiting with hyporexia that started after eating a beef knuckle. No diarrhea.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

BREED CBC: Mild hemoconcentration

Portuguese Water dog Serum Biochemistry: N/A.

Radiographic Findings: N/A.

SEX

FS

AGE

18 month

WEIGHT

19.6 kg

INTERPRETED BY

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

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 (1.8 x 0.6 cm). Ureters not visualized.

Normal renal size (left 6 cm, right 6.1 cm), echogenic appearance, cortico-medullary differentiation, capsule, blood flow, and pelvis.

Adrenal Glands

Normal shape, size, echogenic appearance, and position. Left 2.51 x 0.55/0.5 cm.

Spleen

Normal size 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.

Gastrointestinal

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.48 cm, jejunum 0.41 cm, colon 0.22 cm) and no loss of layering or distension of the lumen. Thickening of the gastric wall (0.73 cm) but with no loss of layering.

IMAGING PERFORMED BY

Dr Alastair Westcott,
DVM

HOSPITAL NAME

REFERRING VET

Dr Alastair Westcott,
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INVOICE

302545

DATE

9/2/21



PATIENT *Pancreas*

Florence Morrison Normal size (left 0.9 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine Mesenteric lymphadenomegaly (up to 3.2 cm) but with normal shape and echogenic appearance. Small amount of ascites

BREED **ULTRASONOGRAPHIC FINDINGS**

Portuguese Water dog

- SEX**
- FS
- AGE**
- 18 month
- WEIGHT**
- 19.6 kg

Primary Findings:

- Gastric thickening.
- Mesenteric lymphadenomegaly.
- Ascites.

Secondary Findings:

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Etiologies for the gastric thickening would be non-specific gastritis (viral, bacterial, toxins, dietary indiscretion, foreign body reaction), ulcerative gastritis, *Helicobacter* gastritis, inflammatory bowel disease, and dietary hypersensitivity.

The most likely etiology for the lymphadenomegaly would be reactive secondary to the gastritis, with lymphadenitis and infiltrative neoplasia, differential diagnoses.

The most likely etiology for the ascites would be secondary to the gastritis.

Further assessment that could be considered would be FNA cytology of the lymph nodes and endoscopy of the upper GI tract with the biopsies, especially if there is not a satisfactory improvement with symptomatic therapy.

Symptomatic management would be anti-emetics (maropitant, metoclopramide), gastric protectants (omeprazole, sucralfate), and an intestinal diet.

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PATIENT IMAGES

Florence Morrison **Stomach**

SPECIES

Canine

BREED

Portuguese Water dog

SEX

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Lymph nodes

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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.

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