

**PATIENT**

Mona Sambito

**SPECIES**

Canine

**BREED**

Frenchie

**SEX**

FS

**AGE**

5 years

**WEIGHT**

49 #

**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**

302572

**DATE**

9/25/21

**PRESENTING CLINICAL SIGNS**

History: Diarrhea past 48 hours, reduced appetite, possibly vomiting. Being chewing pieces of a rubber toy.

Physical Examination: Dehydration.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: Elevated SDMA.

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 (0.42 cm) and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left kidney 5.4 cm, right 5.6 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and irregular capsule. Normal left pelvis, right pyelectasia (0.44 cm).

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position. Left 0.64 cm, right 0.63 cm.

**Spleen**

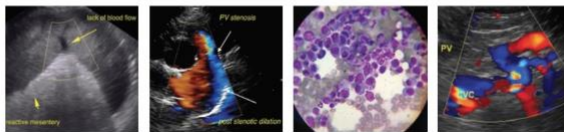
Normal size (1.9 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. Focal hypoechoic parenchymal nodule (0.5 cm) in the body of the spleen.

**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 gastro-esophageal junction, stomach, pylorus, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering and normal wall thickness (duodenum 0.4 cm, jejunum 0.3 cm, colon 0.22 cm) and peristalsis, and no distension of the lumen. Moderate amount of fecal material within the colon.



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**Pancreas**

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

**Free Abdomen**

No mesenteric lymphadenomegaly.

Visible gastric lymph node (0.7 cm) with normal shape and echogenic appearance.

No ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Renal disease.
- Splenic nodule.

Secondary findings:

- None.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the kidneys is consistent with chronic renal disease with bacterial nephritis, pyelonephritis, leptospirosis, and hypertensive nephropathy, differential diagnoses.

The most likely etiology for the splenic nodule would be reactive hyperplasia with granuloma, abscess, hematoma, and neoplasia, less likely differential diagnoses.

The clinical presentation is more typical of acute non-specific gastro-enteritis and most likely from dietary indiscretion.

Further assessment would be urine and fecal analysis, urine culture, phosphate levels, UPC, *Leptospira* titers/PCR, and blood pressure. FNA cytology of the splenic nodule could also be considered.

Initial management would be fluid therapy, intestinal diet, anti-emetics and enteric binders; with long management being renal diet and ACE inhibitor/receptor blockers. Additional therapy would need to be based on the results of the further assessment.

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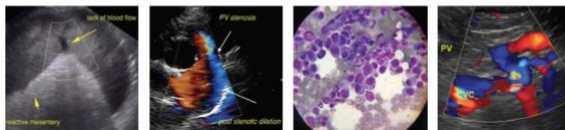
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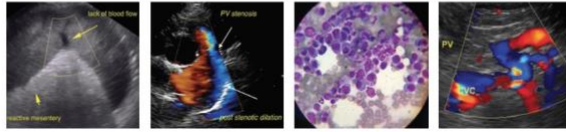
**IMAGES**

**Left kidney**



**Right kidney**





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**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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