


PATIENT PRESENTING CLINICAL SIGNS

Chanel Wood History: Suspected intestinal foreign body.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A

CBC: N/A.

BREED Serum Biochemistry: N/A.

Yorkshire terrier Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS **Urinary System**

Age Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

1 year Normal trigone area, proximal urethra (0.3 cm), and iliac blood vessels.

WEIGHT Normal iliac lymph nodes (0.9 cm). Ureters not visualized.

9 # Normal renal size (both 3.5 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

INTERPRETED BY **Reproductive System**

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

Adrenal Glands

IMAGING PERFORMED BY Normal position, echogenic appearance, shape, and size. Left 0.5/0.39 cm, right 0.55 cm.

Sonya Myers, DVM

Spleen

HOSPITAL NAME Normal size (1 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Oviedo Veterinary Care and Emergency

REFERRING VET **Liver**

Dr Chow Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.1 cm).

INVOICE

303775

DATE

1/17/23


PATIENT *Gastrointestinal*

Chanel Wood

SPECIES

Canine

BREED

Yorkshire terrier

SEX

FS

Age

1 year

WEIGHT

9 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

 Oviedo Veterinary Care and
 Emergency

REFERRING VET

Dr Chow

INVOICE

303775

DATE

1/17/23

Normal appearance of the duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.4 cm, colon 0.13 cm) and peristaltic activity, and no distension of the lumen. Fluid-filled stomach with segmental thickening of the wall (0.76 cm) but with no loss of layering. Shadowing foreign material in the jejunum (3.9 cm) with some dilation of the small intestine proximally and an empty appearance distally. Small amount of gas within the wall of the jejunum in the region of the foreign material. Rest of the small intestine has a normal appearance and thickness (0.36 cm).

Pancreas

Normal size (0.7 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Mesenteric lymphadenomegaly (0.7 x 2.6 cm) with normal echogenic appearance and shape. Small amount of acellular ascites.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Small intestinal foreign body.
- Mesenteric lymphadenomegaly.
- Gastric thickening.
- Ascites.

Secondary Findings:

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the GI tract is consistent with an obstruction and with the gas within the wall and ascites, focal perforation is highly likely.

The lymphadenomegaly is most likely reactive hyperplasia.

Etiologies for the gastric thickening would be secondary to the foreign body, non-specific gastritis, *Helicobacter* gastritis, ulcerative gastritis, and granulomatous disease.

Further assessment/therapy would be a laparotomy, which would also allow for full thickness biopsy of the stomach.



PATIENT

Chanel Wood

SPECIES

Canine

BREED

Yorkshire terrier

SEX

FS

Age

1 year

WEIGHT

9 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

REFERRING VET

Dr Chow

INVOICE

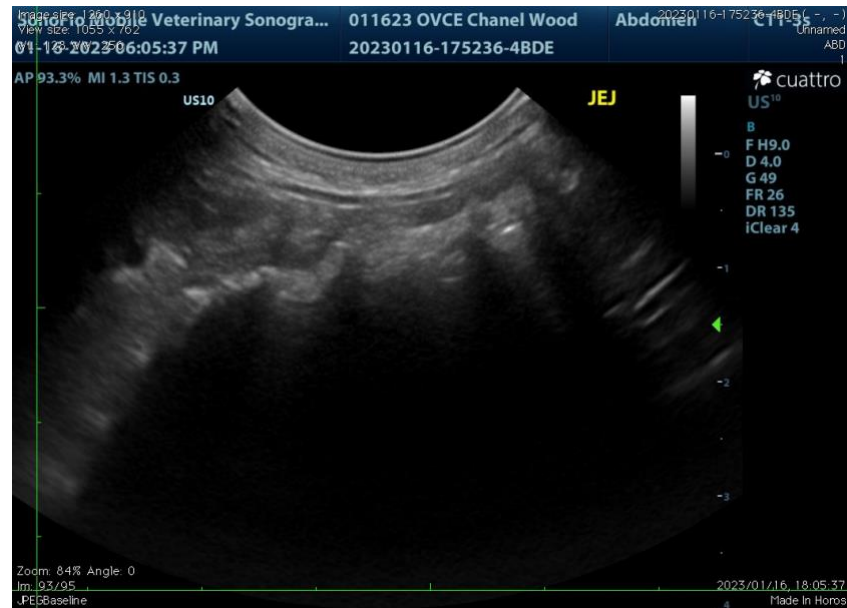
303775

DATE

1/17/23

IMAGES

Jejunum





PATIENT Lymph nodes

Chanel Wood

SPECIES

Canine

BREED

Yorkshire terrier

SEX

FS

Age

1 year

WEIGHT

9 #



INTERPRETED BY

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

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

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
 Emergency

REFERRING VET

Dr Chow

INVOICE

303775

DATE

1/17/23