



PATIENT PRESENTING CLINICAL SIGNS

Kiwi Ewing History: Chronic GI signs – intermittent vomiting and hemorrhagic diarrhea.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

BREED Fecal Analysis: negative, negative parvo.

Doodle CBC: Mild hemoconcentration.

SEX Serum Biochemistry: Basal cortisol within reference range.

FS Radiographic Findings: N/A.

Age

1 year

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

WEIGHT

42 #

Normal trigone area, proximal urethra (0.5 cm), and iliac blood vessels.

Normal iliac lymph nodes (2.9 cm). Ureters not visualized.

INTERPRETED BY

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

Normal renal size (left 4.9 cm, right 6 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

N/A.

IMAGING PERFORMED BY

Sonya Myers, DVM

Adrenal Glands

Normal position, echogenic appearance, and shape. Normal size of the right gland (0.58/0.49 cm), enlarged left gland 0.92 /0.43 cm.

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Emergency

Spleen

Normal size (2.1 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

REFERRING VET

Dr Rivera

Liver

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Normal size, echogenic and nodular appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

DATE

1/26/23



PATIENT

Gastrointestinal

Kiwi Ewing

Normal appearance of the duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (duodenum 0.44 cm, jejunum 0.36 cm) and peristaltic activity, and no distension of the lumen. Thickening of the stomach (0.63 cm) and colon (0.41 cm) with no loss of layering or distension of the lumen. Ingesta within the stomach.

SPECIES

Canine

Pancreas

BREED

Doodle

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

SEX

FS

Free Abdomen

Mesenteric lymphadenomegaly (0.6 x 3.9 cm, 0.9 x 2,2 cm) with normal shape and echogenic appearance.

Age

No ascites.

1 year

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Primary Findings:

- Gastritis.
- Colitis.
- Mesenteric lymphadenomegaly.
- Left adrenomegaly.

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Secondary Findings:

- None.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

Etiologies for the gastritis would be inflammatory bowel disease, ulcerative disease, *Helicobacter* gastritis, granulomatous disease, and emerging neoplasia.

Etiologies for the colitis would be inflammatory bowel disease, ulcerative colitis, granulomatous colitis, and emerging neoplasia.

REFERRING VET

Dr Rivera

The most likely etiology for the lymph nodes would be reactive secondary to the intestinal disease with lymphadenitis and infiltrative neoplasia, less likely differential diagnoses.

The most likely etiology for the left adrenomegaly would be disease stress.

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Further assessment would be cobalamin and TLI assay, rectal cytobrush cytology, FNA cytology of the mesenteric lymph nodes, and endoscopy of both the upper and lower GI tract with biopsies.

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be novel protein/hypoallergenic diet, cobalamin supplementation, and possibly prednisolone.



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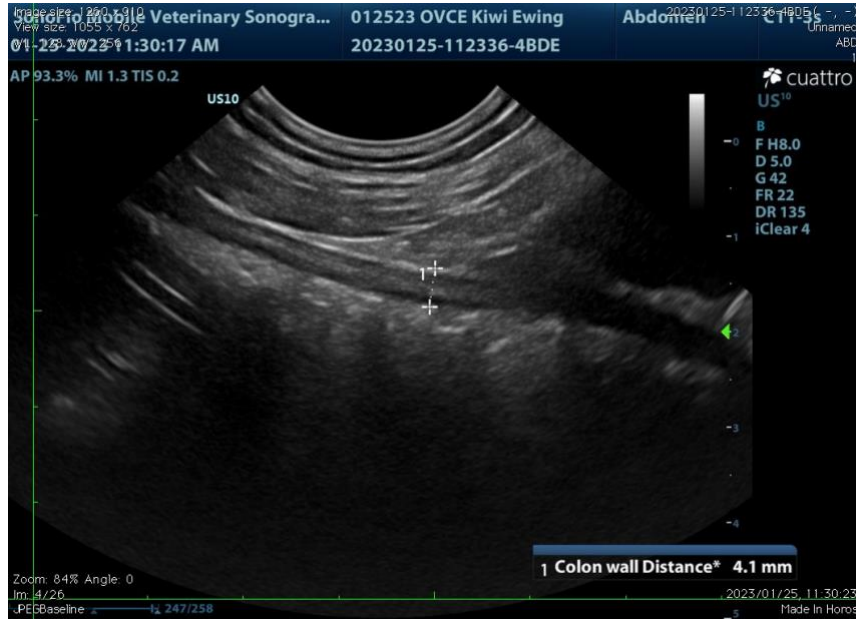
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IMAGES

Colon



Stomach





PATIENT

Mesenteric lymph node

Kiwi Ewing

SPECIES

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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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REFERRING VET

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