



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Rusty Saalfield  
**SPECIES** Canine  
**BREED** Mixed

History: Weight loss and difficulty eating.  
 Physical Examination: Mass palpated in the region of the thyroid gland.  
 Urinalysis: N/A  
 CBC: N/A.  
 Serum Biochemistry: N/A.  
 Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**MN *Urinary System***

**Age** 6 years  
 Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

**WEIGHT** Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels.

50 # Normal iliac lymph nodes (1.6 cm). Ureters not visualized.

Normal renal size (left 6.7 cm, right 6.3 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**INTERPRETED BY *Reproductive System***

Small hypoechogenic prostate (0.7 cm).

***Adrenal Glands***

Normal position, echogenic appearance, shape, and size. Left 0.56/0.41 cm, right 0.56 cm.

***Spleen***

Normal size (1.8 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

***Liver***

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

***Gastrointestinal***

Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.43 cm, colon 0.16 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the duodenum (0.67 cm) and small intestine (0.63 cm) with no loss of layering or distension of the lumen.

**INVOICE**

303819

**DATE**

1/27/23

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Banfield Colonial Town  
Park

**REFERRING VET**

Dr Nigaglioni



**PATIENT** *Pancreas*

Rusty Saalfeld Normal size (right 2.1 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Canine Normal mesenteric lymph nodes (1.3 cm).  
No ascites.

**BREED** *Other*

Mixed Irregular mottled echogenic vascularized, mineralized cavitary mass in the region of the right thyroid gland (3 x 5.4 cm). FNA taken with no obvious post aspirate hemorrhage.

**SEX** Normal size and appearance of the left thyroid gland.

MN Regional lymphadenomegaly (1.9 x 2.5 cm) with rounded shape and hypoechogenic appearance. FNA taken with no obvious post aspirate hemorrhage.

**Age**

6 years

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Right thyroid mass.
- Regional lymphadenomegaly.
- Enteropathy.

**WEIGHT**

50 #

Secondary Findings:

- None.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the right thyroid and regional lymphadenomegaly would be consistent with metastatic thyroid neoplasia.

Etiologies for the enteropathy would be inflammatory bowel disease, parasitic enteritis, and dietary hypersensitivity, with emerging lymphoma a less likely differential diagnosis.

Further assessment would be 3-view thoracic radiographs, fecal analysis, cobalamin assay, and endoscopy of the upper GI tract with biopsies.

If surgery is been considered then a CT scan of the neck and thorax should be considered.

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**PATIENT IMAGES**

Rusty Saalfield

**Thyroid**

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

MN

**Age**

6 years

**WEIGHT**

50 #



**Lymph node**

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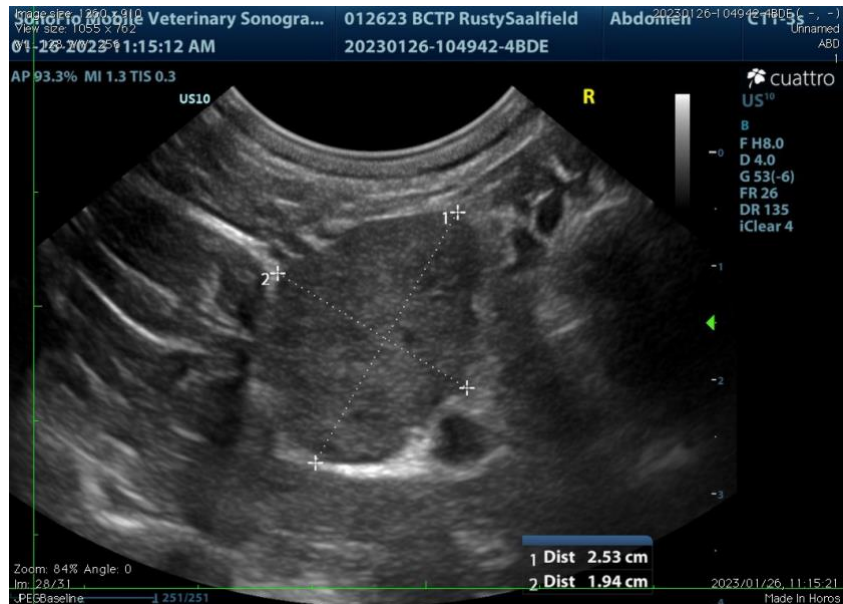
Dr Nigaglioni

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**PATIENT** Small intestine

Rusty Saalfield

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

MN

**Age**

6 years

**WEIGHT**

50 #



**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](mailto:rlobetti@mweb.co.za)

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