


PATIENT PRESENTING CLINICAL SIGNS

Patient: Finn Carter
History: Diarrhea past 2 weeks with no improvement with symptomatic therapy. Vomiting, hyporexia, and lethargy past 24 hours.

Species: Physical Examination: N/A.

Canine: Urinalysis: N/A.

Breed: CBC: N/A.

Labrador: Serum Biochemistry: N/A.

Radiographic Findings: Normal.

SEX

MN

Age

3½ years

WEIGHT

62 #

INTERPRETED BY

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

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 (0.9 cm), and iliac blood vessels.

Iliac lymphadenomegaly (left 0.8 x 3.7 cm, right 0.9 x 2.6 cm) with rounded shape and normal echogenic appearance. Ureters not visualized.

Normal renal size (left 7.5 cm, right 7.7 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

Small hypoechogenic prostate (1.1 cm).

Adrenal Glands

Normal position, echogenic appearance, shape, and size. Left 0.62/0.49 cm, right 0.66 cm.

Spleen

Normal size (2.4 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 containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Dilated bile duct (0.4 cm) with no obvious obstruction evident.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary care
 and Emergency

REFERRING VET

Dr Lawrence

INVOICE

303585

DATE

11/22/22


PATIENT
Gastrointestinal

Finn Carter

Normal appearance of the stomach, duodenum, small intestine, and colon with no loss of layering, normal wall thickness (stomach 0.31 cm, duodenum 0.45 cm, jejunum 0.43 cm, colon 0.25 cm) and peristaltic activity, and no distension of the lumen. Large irregular mottled echogenic mass (4.5 x 7.3 cm) at the ileo-cecal junction with thickening of the proximal (1.1 cm) and distal (1.7 cm) section of the intestine associated with the mass. FNA taken with no obvious post-aspirate hemorrhage.

SPECIES

Canine

BREED

Labrador

Pancreas

Normal size (right 2.2 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

MN

Free Abdomen
Age

3½ years

Mesenteric lymphadenomegaly (1.5 x 5.3 cm) with rounded shape and normal echogenic appearance.

Small amount of acellular ascites.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Ileo-cecal mass.
- Lymphadenomegaly.
- Ascites.

Secondary Findings:

- Dilated bile duct.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the ileo-cecal mass and lymphadenomegaly would be neoplasia (lymphoma, metastatic carcinoma) with granulomatous disease a differential diagnosis.

Further assessment/therapy needs to be based on the pending cytology.



PATIENT

Finn Carter

SPECIES

Canine

BREED

Labrador

SEX

MN

Age

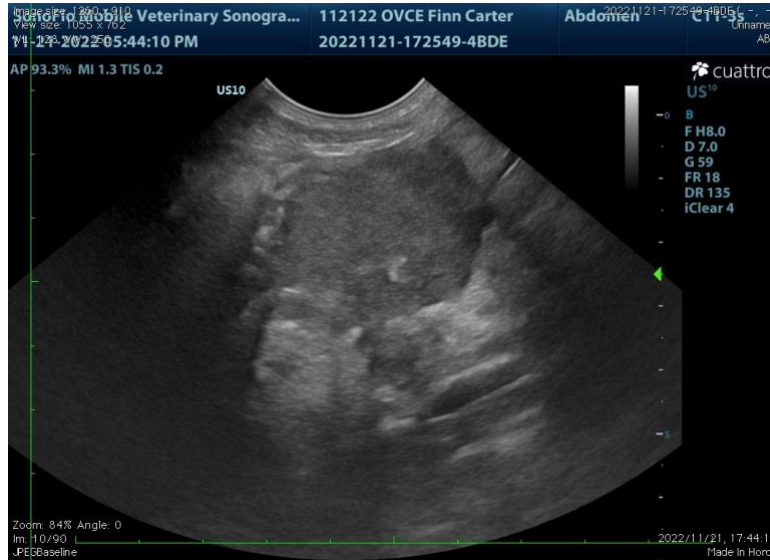
3½ years

WEIGHT

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IMAGES

Ileo-cecal junction



Mesenteric 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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