


PATIENT PRESENTING CLINICAL SIGNS

Ally Notal History: Gastrotomy (metal foreign material) and gastropexy 2 days ago. Now regurgitating.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

BREED CBC: N/A.

Golden retriever Serum Biochemistry: N/A.

Radiographic Findings: Ascites.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Intact Female

Age

1 year

WEIGHT

60 #

Urinary System

Full urinary bladder with a normal thickness and appearance of the wall. Small amount of hyperechogenic sediment present. No uroliths evident.

Normal trigone area, proximal urethra (0.6 cm), and iliac blood vessels.

Iliac lymphadenomegaly (0.9 x 3.5 cm) with normal shape and echogenic appearance. Ureters not visualized.

INTERPRETED BY

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

Normal renal size (left 5.7 cm, right 7.5 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

Normal size and appearance of the uterus (1 cm) and ovaries (both 1.6 cm).

IMAGING PERFORMED BY

Sonya Myers, DVM

Adrenal Glands

Normal position, echogenic appearance, size, and shape, Left 0.47/0.36 cm, right 0.68/0.5 cm.

HOSPITAL NAME

Oviedo Veterinary Care
and Emergency

Spleen

Normal size (1.9 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 Caja

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. Normal bile duct (0.3 cm).

INVOICE

303598

DATE

11/24/22


PATIENT
Gastrointestinal

Ally Notal

SPECIES

Canine

BREED

Golden retriever

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Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.5 cm, jejunum 0.33 cm, colon 0.27 cm) and peristaltic activity, and no distension of the lumen. Sections of the small intestine have a corrugated appearance. Thickening of the stomach (0.56 cm) with no loss of layering or distension of the lumen. Fluid within the stomach. Both the gastropexy and gastrotomy sites appear normal with no evidence of dehiscence.

Pancreas

Normal size (right 1.3 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Mesenteric lymphadenomegaly (0.7 x 3.7 cm) with normal shape and echogenic appearance.
Small amount of cellular ascites
Small amount of free air within abdomen.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- Gastric thickening.
- Ascites.
- Pneumo-abdomen.
- Lymphadenomegaly.

Secondary Findings:

- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the stomach and intestinal corrugation would be consistent with the recent surgery.

Although both the ascites and pneumo-abdomen could be ascribed to the recent surgery, peritonitis needs to be considered.

The most likely etiology for lymph nodes would be reactive with lymphadenitis a differential diagnosis.

Further assessment would be analysis of the ascitic fluid.

Specific therapy would be dependent on an etiological diagnosis. As the regurgitation may be from post anesthesia reflux esophagitis, treating with omeprazole and sucralfate would be indicated.

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PATIENT

Ally Notal

SPECIES

Canine

BREED

Golden retriever

SEX

Intact Female

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IMAGES

Stomach



Small intestine





PATIENT **Ascites**

Ally Notal

SPECIES

Canine

BREED

Golden retriever

SEX

Intact Female

Age

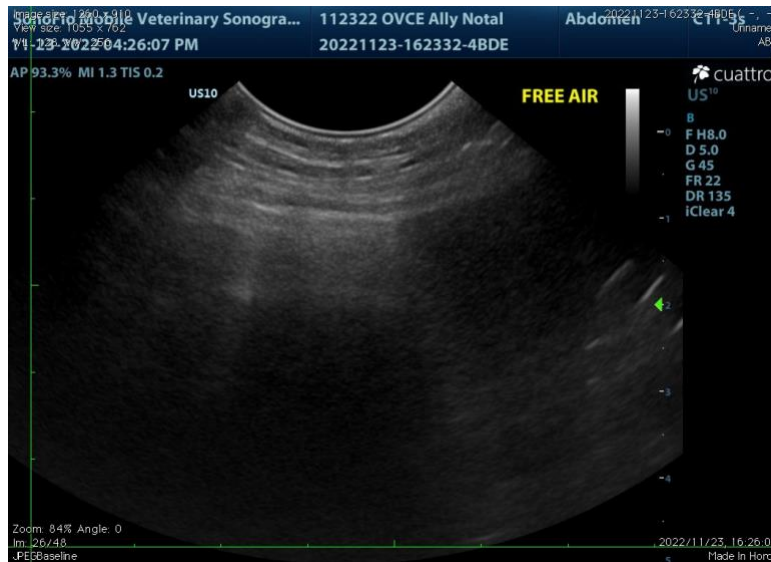
1 year

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Pneumo-abdomen



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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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