

PATIENT

Jack Void

SPECIES

Canine

BREED

Chihuahua Mix

SEX

MN

AGE

7 years

WEIGHT

7.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Brent Crutchfield, DVM

HOSPITAL NAME

Treasure Coast Animal
Emergency

REFERRING VET

Dr Cail

INVOICE

303533

DATE

11/7/22

PRESENTING CLINICAL SIGNS

History: Vomiting, hemorrhagic diarrhea.

Physical Examination: N/A.

Urinalysis: N/A

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: Possible gastric foreign body.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness (0.3 cm) and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.7 cm, right 4.1 cm), echogenic appearance, cortico-medullary differentiation, pelvis and capsule.

Reproductive System

Small hypoechogenic prostate (0.9 cm).

Adrenal Glands

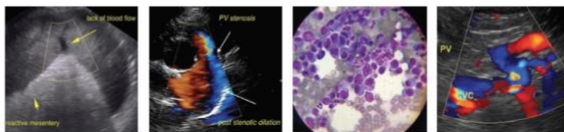
Normal echogenic appearance, shape, position, and size. Left 0.5 cm, right 0.51 cm.

Spleen

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



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, duodenum, small intestine, and ileo-cecal junction, with no loss of layering, normal wall thickness (duodenum 0.44 cm, jejunum 0.33 cm) and peristaltic activity, and no distension of the lumen. Small amount fluid within the small intestine. Large amount of fluid within the stomach, small shadowing non-obstructive foreign body, poor peristaltic activity, and normal wall thickness (0.29 cm). Thickening of the colon (0.27 cm) with no loss of layering. Large amount of fluid/fecal material within the colon.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Prominent mesenteric lymph nodes.
Small amount of acellular ascites in the caudal abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Gastroenteropathy.
- Ascites.

Secondary findings:

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS IMAGES

Etiologies for the gastroenteropathy would be hemorrhagic enteritis and non-specific enteritis (viral, bacterial, protozoa, helminths, toxins, dietary indiscretion).

The most likely etiology for the prominent lymph nodes would be reactive and for the ascites secondary to the gastroenteropathy.

Further assessment would be fecal analysis, CBC, serum biochemistry, and electrolytes.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be fluid therapy as needed, intestinal diet, metoclopramide, and intestinal protectants/absorbents.



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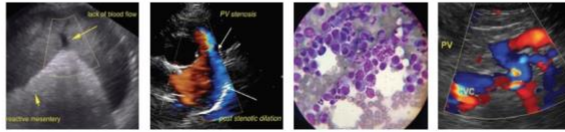
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IMAGES

Stomach





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Small intestine



Colon



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)
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