


**PATIENT PRESENTING CLINICAL SIGNS**

Bentley Vitiello History: Suspected foreign body.

**SPECIES** Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

**BREED** Serum Biochemistry: N/A.

Maltese Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**MN** *Urinary System*
**Age** Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

12 years Normal trigone area, proximal urethra (0.2 cm), and iliac blood vessels.

**WEIGHT** Normal iliac lymph nodes (0.9 cm). Ureters not visualized.

6 # Normal renal size (left 3.3 cm, right 3.7 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

**INTERPRETED BY** *Reproductive System*

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM Small hypoechoic prostate (0.8 cm).

*Adrenal Glands*
**IMAGING PERFORMED BY** Normal position and echogenic appearance with rounded shape and enlarged. Left 0.91/0.95 cm, right 0.71/0.85 cm.

Sonya Myers, DVM

**HOSPITAL NAME** *Spleen*

Oviedo Veterinary care and Emergency Normal size (0.7 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted. Multiple myelolipomas.

**REFERRING VET** *Liver*

Dr Caja Normal size with a diffuse hyperechogenic and nodular appearance, loss of portal markings, and regular curvilinear capsule. Nodules are multiple, parenchymal, of varying sizes (up to 0.9 cm), and vary from hypoechoic to hyperechogenic appearance. No 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).

**INVOICE**

303541

**DATE**

11/9/22



**PATIENT**

**Gastrointestinal**

Bentley Vitiello

Shadowing foreign material in the stomach (3.2 cm) and duodenum with normal thickness and appearance of the walls. Normal appearance of the small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (jejunum 0.34 cm) and peristaltic activity, and no distension of the lumen.

**SPECIES**

Canine

**Pancreas**

**BREED**

Maltese

Normal size (right 1.1 cm) with a diffuse hyperechogenic appearance and irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SEX**

MN

**Free Abdomen**

Normal mesenteric lymph nodes (1.1 cm).  
Small amount of ascites.

**Age**

12 years

**Thorax**

Normal appearance of the heart.  
Pleural effusion.

**WEIGHT**

6 #

Irregular and consolidated appearance of a section of the right lung lobe.

**INTERPRETED BY**

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

**Primary Findings:**

- Gastric/duodenal foreign body.
- Nodular hepatopathy.
- Pancreatitis
- Adrenomegaly.
- Ascites/pleural effusion.
- Pulmonary pathology.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

**Secondary Findings:**

- Age-related renal changes.

Oviedo Veterinary care and  
Emergency

**REFERRING VET**

Dr Caja

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the nodular hepatopathy would be nodular regeneration, granulomatous disease, chronic hepatitis, and neoplasia.

**INVOICE**

303541

The appearance of the pancreas is consistent with chronic pancreatitis with fibrosis a differential diagnosis.

Etiologies for the adrenomegaly would be pituitary-dependent Cushing's disease and disease stress.

**DATE**

11/9/22

Etiologies for the pleural effusion and pulmonary pathology would be pyothorax, pneumonia, granulomatous disease, and neoplasia.

Initial further assessment and therapy would be 3-view thoracic radiographs, analysis of the pleural effusion and laparotomy.



**PATIENT**      **IMAGES**  
 Bentley Vitiello      **Stomach**

**SPECIES**  
 Canine  
**BREED**  
 Maltese  
**SEX**  
 MN  
**Age**  
 12 years  
**WEIGHT**  
 6 #



**Duodenum**

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary care and  
 Emergency

**REFERRING VET**

Dr Caja

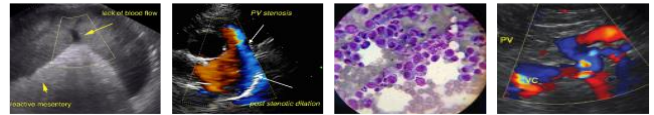
**INVOICE**

303541

**DATE**

11/9/22





**PATIENT** Pancreas

Bentley Vitiello

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

MN

**Age**

12 years

**WEIGHT**

6 #



**Liver**

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary care and  
 Emergency

**REFERRING VET**

Dr Caja

**INVOICE**

303541

**DATE**

11/9/22





**PATIENT** Left adrenal

Bentley Vitiello

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

MN

**Age**

12 years

**WEIGHT**

6 #



**Thorax**

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

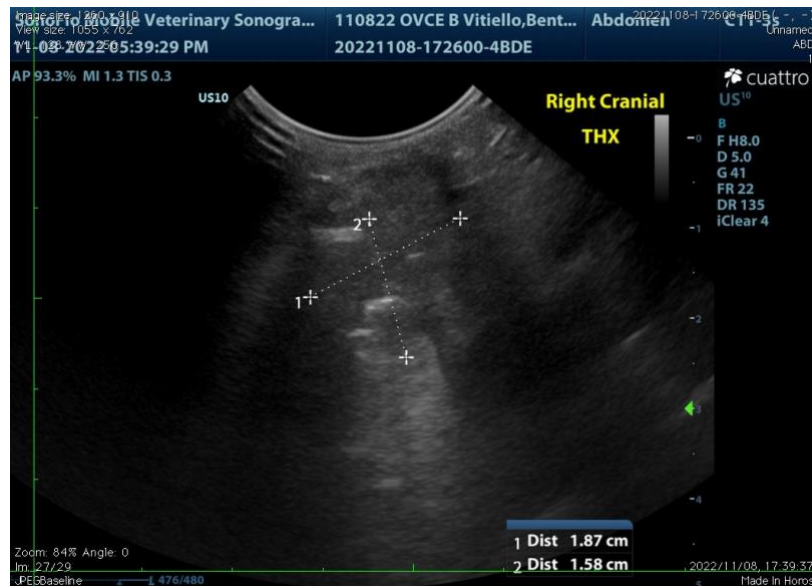
Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary care and  
 Emergency

**REFERRING VET**

Dr Caja



**INVOICE**

303541

**DATE**

11/9/22

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)