


**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Chewie Altamura History: Poor appetite, weight loss. Recent onset vomiting and diarrhea.

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

Canine Urinalysis: N/A.

CBC: N/A.

**BREED** Serum Biochemistry: Severe hypoalbuminemia.

Terrier Mix Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

FS

**Urinary System**

Age

Full urinary bladder with a thickened and irregular appearance of the wall. Small amount of floating hyperechogenic sediment present. No uroliths evident.

14 years

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

**WEIGHT**

9 #

Normal iliac lymph nodes (2.4 cm). Ureters not visualized.

Normal renal size (left 4 cm, right 3.9 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, and normal pelvis and capsule.

**INTERPRETED BY**
**Reproductive System**

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N/A.

**IMAGING PERFORMED BY**
**Adrenal Glands**

Sonya Myers, DVM

Normal position, shape, and echogenic appearance. Normal size of right gland (0.56/0.57 cm), enlarged left gland (0.46/0.78 cm).

**HOSPITAL NAME**
**Spleen**

Lake Emma Animal  
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Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**REFERRING VET**
**Liver**

Dr Hecker

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).

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**PATIENT**
***Gastrointestinal***

Chewie Altamura

Normal appearance of the stomach, duodenum, and ileo-cecal junction with no loss of layering, normal wall thickness (stomach 0.24 cm, duodenum 0.32 cm, colon 0.13 cm) and peristaltic activity, and no distension of the lumen. Prominent hypoechogenic appearance of the submucosal layer of the small intestine but with normal thickness (0.36 cm) and no loss of layering. Focal hypoechogenic irregular jejunal mass (1.5 x 2.5 cm) with associated loss of wall layering. Moderate amount of ingesta within the stomach, fluid dilated intestinal loops.

**SPECIES**

Canine

**BREED**

Terrier Mix

***Pancreas***

Enlarged (right 1.7 cm) with a hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**SEX**

FS

***Free Abdomen***
**Age**

14 years

Mesenteric lymphadenomegaly (0.9 x 3.8 cm) with normal shape and echogenic appearance. Small amount of ascites. Hyperechogenic appearance of the mesentery.

**WEIGHT**

9 #

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Enteropathy.
- Small intestinal mass.
- Pancreatitis.
- Left adrenomegaly.
- Thickened urinary bladder wall.
- Ascites.
- Mesenteric inflammation.
- Lymphadenomegaly.

Secondary Findings:

- Age-related renal changes.

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Sonya Myers, DVM

**HOSPITAL NAME**

 Lake Emma Animal  
Hospital

**REFERRING VET**

Dr Hecker

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the enteropathy would be primary lymphangectasia, inflammatory bowel disease, parasitic enteritis, granulomatous enteritis, dietary hypersensitivity, and lymphoma.

Etiologies for the intestinal mass would be neoplasia, granuloma, abscessation, focal perforation.

The appearance of the pancreas is consistent with pancreatitis.

The most likely etiology for the adrenal gland would be disease stress with emerging pituitary-dependent Cushing's disease a differential diagnosis.

Etiologies for the urinary bladder would be cystitis (bacterial, sterile) and neoplasia.

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**PATIENT**

Chewie Altamura

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

FS

**Age**

14 years

**WEIGHT**

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The ascites, mesenteric inflammation, and lymphadenomegaly can be ascribed as secondary to the intra-abdominal pathology.

Further assessment would be urinalysis, urine culture, BRAF assay, 3-view thoracic radiographs, cPL/PSL assay, FNA cytology of the intestinal mass, and possibly endoscopy of the upper GI tract with biopsies. Although a laparotomy would be indicated, it may be associated with wound-healing complications from the hypoalbuminemia.

Specific therapy would be dependent on an etiological diagnosis. Initial management would be fluid therapy as needed, anti-emetics, analgesics, intestinal binders/absorbents, and a low-fat intestinal diet.



**PATIENT**

Chewie Altamura

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

FS

**Age**

14 years

**WEIGHT**

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**IMAGES**

**Small intestine**



**Intestinal mass**





**PATIENT** Left adrenal

Chewie Altamura

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

FS

**Age**

14 years

**WEIGHT**

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**Pancreas**

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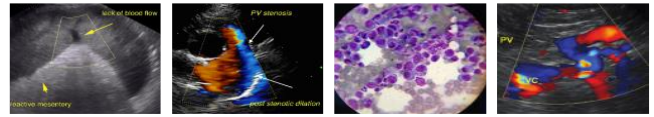
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**PATIENT**

**Urinary bladder**

Chewie Altamura

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

FS

**Age**

14 years

**WEIGHT**

9 #



**INTERPRETED BY**

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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.

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