



PATIENT

Rocco Alvarez

SPECIES

Canine

BREED

Yorkshire terrier

SEX

MN

AGE

8 years

WEIGHT

3 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 Angela Cail

INVOICE

303689

DATE

12/20/22

PRESENTING CLINICAL SIGNS

History: Acute diarrhea.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: Splenic nodules.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal appearance and thickness of the wall. Small amount of floating hyperechogenic sediment. No 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 3.2 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

Small hypoechogenic prostate (0.9 cm).

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.39 cm, right 0.39 cm.

Spleen

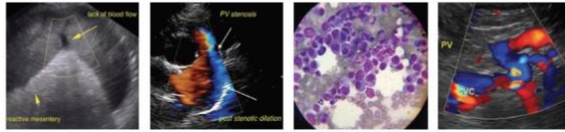
Normal size and echogenic appearance. Smooth homogenous parenchyma, curvi-linear capsule, and normal vasculature. Irregular hypoechogenic parenchymal nodule (1.7 cm) in the tail of the spleen with no distortion of the overlying capsule.

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 (0.1 cm) and echogenic appearance of the gall bladder wall. Normal bile duct.

Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.31 cm, duodenum 0.48 cm, jejunum 0.34 cm, colon 0.2 cm) and peristalsis, and no distension of the lumen.



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Pancreas

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

Free Abdomen

Mesenteric lymphadenomegaly (1.1 cm) with a rounded and hypoechoic appearance. No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Splenic nodule.
- Mesenteric lymphadenomegaly.

Secondary findings:

- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenic nodule would be reactive, hyperplasia, granuloma, hematoma, focal splenitis, and neoplasia.

Etiologies for the lymph nodes would be reactive, lymphadenitis, and infiltrative neoplasia.

Further assessment would be urine analyses and FNA cytology of the splenic nodule and mesenteric lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.



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IMAGES

Spleen



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.

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