


PATIENT PRESENTING CLINICAL SIGNS

B Adams History: Soft tissue sarcoma excised from lower lip 1 week ago.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: Azotemia, hypercalcemia, mildly elevated ALT activity. PTH pending.

Labrador Mix Radiographic Findings: N/A.

SEX

FS

Age

10 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

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

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

47# Iliac lymphadenomegaly (1 x 2.2 cm) with a rounded and hypoechoic appearance. FNA taken with no obvious post-aspirate hemorrhage. Ureters not visualized.

INTERPRETED BY

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

Normal renal size (left 6.4 cm, right 6.9 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

Reproductive System

N/A.

IMAGING PERFORMED BY

Sonya Myers, DVM

Adrenal Glands

Normal position, echogenic appearance, and shape but enlarged. Left 0.82/0.77 cm, right 0.92 cm.

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 Emergency

Spleen

Normal size (1.8 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 Adams

Liver
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Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

DATE

2/18/23

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.44 cm, duodenum 0.33 cm, jejunum 0.31 cm, colon 0.13 cm) and peristaltic activity, and no distension of the lumen.


PATIENT *Pancreas*

B Adams Normal size (right 1 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine Mesenteric lymphadenomegaly (0.8 x 3.5 cm) with a rounded and hypoechoic appearance
Small amount of ascites.

BREED *Thyroid glands*

Labrador Mix Hypoechoic nodules in both thyroid glands (0.2 x 0.3 cm).

SEX

FS

ULTRASONOGRAPHIC FINDINGS
Age

Primary Findings:

- 10 years
- Thyroid nodules.
 - Lymphadenomegaly.
 - Adrenomegaly.

WEIGHT

47#

Secondary Findings:

- Age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the hypercalcemia, the thyroid nodules are most likely functional parathyroid adenomas.

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

Etiologies for the adrenomegaly would be disease stress and emerging Cushing's disease.

Although the renal changes may age-related and the azotemia secondary to the hypercalcemia, early chronic kidney disease, bacterial nephritis, and hypertensive nephropathy needs to be considered.

Further assessment needs to be based on the pending cytology results but could include 3 view thoracic radiographs, blood pressure, urinalysis, urine culture, FNA cytology of the thyroid nodules, and possibly adrenal function testing (ACTH stimulation/LDDS test).

Specific therapy would be dependent on an etiological diagnosis.

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PATIENT

B Adams

SPECIES

Canine

BREED

Labrador Mix

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Age

10 years

WEIGHT

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IMAGES

Left thyroid



Right thyroid





PATIENT

Iliac lymph node

B Adams

SPECIES

Canine

BREED

Labrador Mix

SEX

FS

Age

10 years

WEIGHT

47#



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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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