

PATIENT

Ducie Smith

SPECIES

Canine

BREED

Maltese

SEX

FS

AGE

1 year

WEIGHT

10 #

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Lara Wiseman, DVM

HOSPITAL NAME

Boca Midtowne
Animal Hospital

REFERRING VET

Dr Boazman

INVOICE

302781

DATE

2/23/22

PRESENTING CLINICAL SIGNS

History: Daily vomiting past 4 weeks, anorexia in the mornings, often soft feces, weight loss.

Physical Examination: N/A.

Urinalysis: Normal.

CBC: Normal.

Serum Biochemistry: Normal. Negative CPV and cPL. ACTH, spec cPL, TLI, B12, folate, fecal, pending.

Radiographic Findings: Soft tissue material within the fundus of the stomach.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.3 cm, right 3.9 cm) echogenic appearance, cortico-medullary differentiation, capsule, and pelvis. Large cyst (1.6 x 1.7 cm) in the cranial pole of the left kidney. Focal cortical cyst (0.4 x 0.4 cm) in the right kidney.

Reproductive System

N/A.

Adrenal Glands

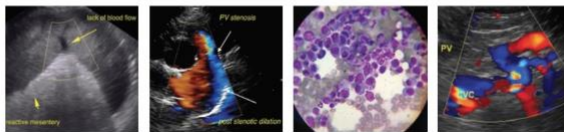
Normal shape, echogenic appearance, position, and size. Left 0.39 cm, right 0.42 cm

Spleen

Normal size (0.8 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct.



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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 0.43 cm, duodenum 0.35 cm, jejunum 0.28 cm) and peristalsis, and no distension of the lumen.

Pancreas

Normal size (right 0.9 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Mesenteric lymphadenomegaly (0.7 x 2 cm) with normal shape and echogenic appearance.

Secondary findings:

- Renal cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

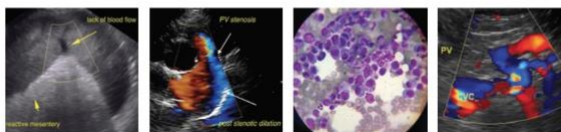
Etiologies for the mesenteric lymphadenomegaly would be reactive and lymphadenitis, with neoplasia a highly unlikely differential diagnosis.

Although the renal cysts can be considered incidental findings, the one in the left kidney may result in abdominal discomfort and potentially be the cause of the presenting clinical signs. Percutaneous drainage of the cyst and monitoring clinical signs could be considered.

Other etiologies for the presenting clinical signs would be *Helicobacter* gastritis, inflammatory bowel disease, dietary hypersensitivity, and parasitic enteritis.

Further assessment needs to be based on the pending results but could include FNA cytology of the mesenteric lymph nodes and endoscopy of the upper GI tract with biopsies. A laparotomy could be considered as it would allow full thickness biopsies of the GI tract and lymph nodes as well marsupialization of the left renal cyst.

Specific therapy would be dependent on an etiological diagnosis.



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IMAGES

Left kidney



Mesenteric lymph node



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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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