



PATIENT PRESENTING CLINICAL SIGNS

Junior Rebolgar History: Mast cell tumor on tail – metastatic evaluation.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

BREED CBC: N/A.

Pit bull terrier Serum Biochemistry: N/A.

Radiographic Findings: N/A.

SEX

MN

AGE

13 years

WEIGHT

77 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Denise Bruno LVT, RDMS

HOSPITAL NAME

Ideal Pet Vet Clinic

REFERRING VET

Dr Kolta

INVOICE

303928

DATE

2/24/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Normal trigone area, proximal urethra (1 cm), and iliac blood vessels.

Prominent iliac lymph nodes (2.5 cm) with normal shape and echogenic appearance. Ureters not visualized.

Normal renal size (left 6.6 cm, right 7.1 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal blood flow, pelvis, and capsule. Pinpoint mineralization – right kidney worse than left.

Reproductive System

Prostamegaly (3.2 cm) with a mottled echogenic appearance and regular capsule. Hyperechogenic appearance of the peri-prostatic tissue.

Adrenal Glands

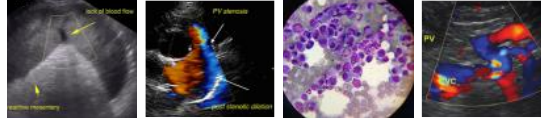
Normal shape, echogenic appearance, and position but enlarged. Left 3.21 x 0.82/0.94 cm, right 3.41 x 0.9/0.49 cm.

Spleen

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

Liver

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



PATIENT *Gastrointestinal*

Junior Rebolgar Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristalsis, and no distension of the lumen. Ingesta within the stomach.

SPECIES

Canine

Pancreas

BREED

Pit bull terrier

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

Free Abdomen

SEX

No mesenteric lymphadenomegaly.

MN

No ascites.

AGE

ULTRASONOGRAPHIC FINDINGS

13 years

Primary findings:

WEIGHT

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- Prostategaly.
- Cystitis.
- Bilateral adrenomegaly.
- Iliac lymphadenomegaly?

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Secondary findings:

- Age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Denise Bruno LVT, RDMS

Etiologies for the prostate would be neoplasia and prostatitis.

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The appearance of the urinary bladder is typical for bacterial cystitis.

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Although the adrenomegaly is most likely from disease stress, pituitary-dependent Cushing's disease needs to be considered.

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Although the prominent iliac lymph node is most likely reactive secondary to the urinary bladder, infiltrative neoplasia (prostate, mast cell) needs to be considered.

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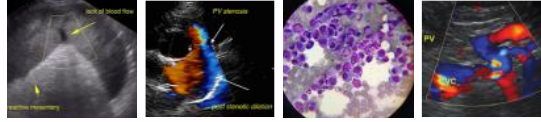
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Further assessment would be urinalysis and urine culture and once the bacterial infection (if present) has been resolved then prostatic wash cytology and FNA cytology of the iliac lymph nodes. Adrenal function testing (ACTH stimulation/LDDS test) should be considered if there are clinical and/or biochemical signs of Cushing's disease.

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Specific therapy would be a dependent on an etiological diagnosis.



PATIENT IMAGES

Junior Rebollar **Prostate**

SPECIES

Canine

BREED

Pit bull terrier

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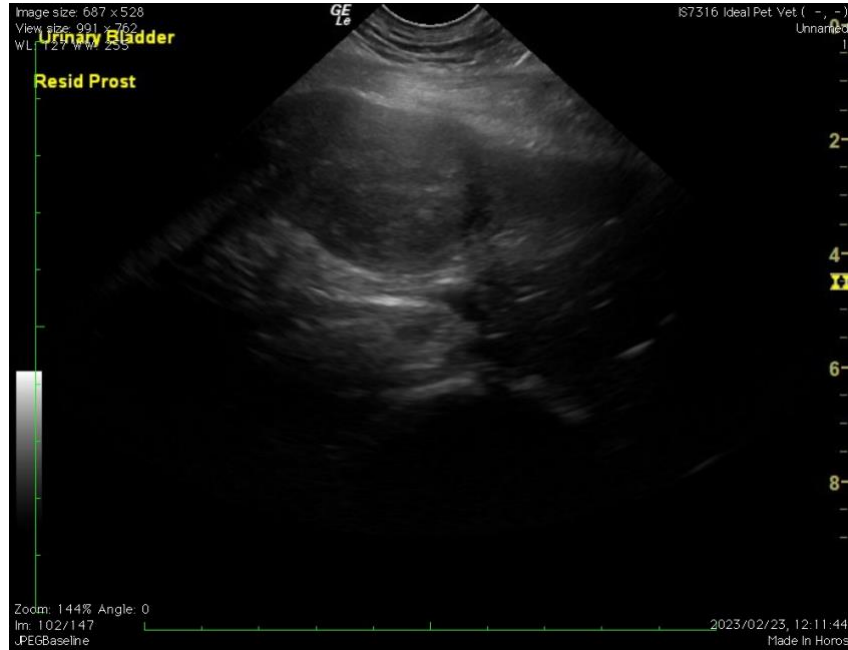
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Urinary bladder





PATIENT Left adrenal

Junior Reboliar

SPECIES

Canine

BREED

Pit bull terrier

SEX

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AGE

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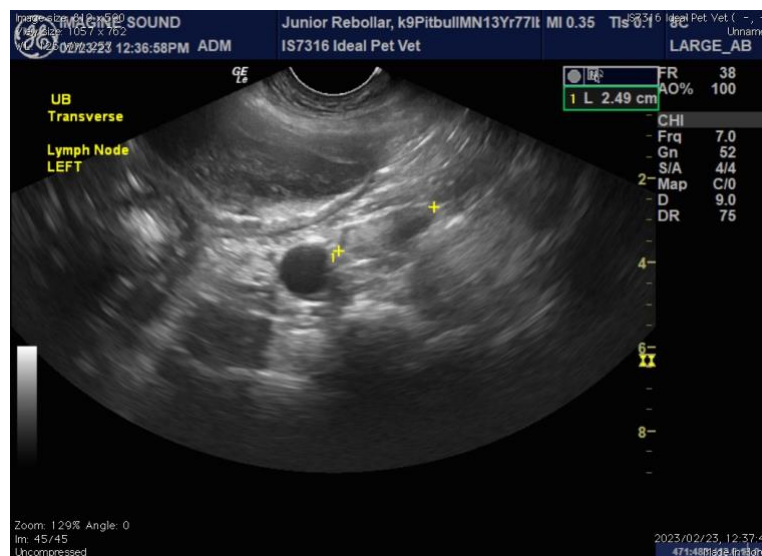
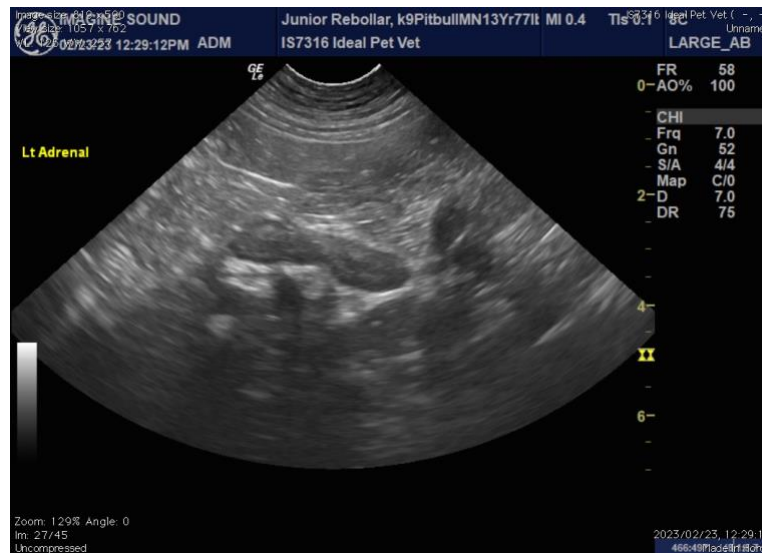
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Iliac lymph node



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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