



**PATIENT PRESENTING CLINICAL SIGNS**

Mila Diaz History: Progressive weight loss, hyporexia.

**SPECIES** Physical Examination: Weight loss.

Canine Urinalysis: N/A.

CBC: N/A.

**BREED** Previous Serum Biochemistry: Mildly elevated SDMA, and GGT activity, elevated ALP activity.

Boston terrier Radiographic Findings: N/A

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

FS

**Urinary System**

**AGE**

11 years

Full urinary bladder with a normal thickness (0.13 cm) and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

**WEIGHT**

18.2 #

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes (0.25 cm). Ureters not visualized.

Normal renal size (both 5 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, normal capsule, and mild pyelectasia (left 0.25 cm, right 0.19 cm).

**INTERPRETED BY**

Remo Lobetti, BVSc,  
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**Reproductive System**

N/A.

**IMAGING PERFORMED BY**

Dr Ferrer, DVM

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position. Left 0.58 cm, right 0.48 cm.

**HOSPITAL NAME**

Paseos Veterinary Center

**Spleen**

Enlarged (2 cm) with a diffuse mottled echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. Poorly defined parenchymal mass (2.3 x 2.9 cm) in the tail of the spleen.

**REFERRING VET**

Dr Franco Ortiz

**Liver**

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

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**Gastrointestinal**

**DATE**

2/25/22

Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.31 cm, duodenum 0.39 cm, colon 0.12 cm) and peristaltic activity, and no distension of the lumen. Segmental mucosal stippling of the small intestine but with normal thickness (0.36 cm), no loss of layering, or distension of the lumen.



**PATIENT** *Pancreas*

Mila Diaz Normal size (right 1.2 cm, left 1.3 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Canine No mesenteric lymphadenomegaly.  
No ascites.

**BREED**

Boston terrier

**ULTRASONOGRAPHIC FINDINGS**

**SEX** Primary Findings:

- FS
- Enteropathy.
  - Splenic pathology.
  - Splenic mass.

**AGE**

11 years

Secondary Findings:

- Age-related renal changes.

**WEIGHT**

18.2 #

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Etiologies for the enteropathy would be lymphangectasia, inflammatory bowel disease, parasitic enteritis, gastritis, and dietary hypersensitivity, with emerging lymphoma a less likely differential diagnosis.

Etiologies for the spleen would be reactive, extra-medullary hematopoiesis, hyperplasia, granulomatous reaction, splenitis, abscessation, and infiltrative neoplasia.

Etiologies for the splenic mass would be developing granuloma or abscess, hematoma, and neoplasia.

Further assessment would be fecal analysis, serum biochemistry, cobalamin assay, FNA cytology of the spleen and mass, endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy for the enteropathy would be novel protein/hypoallergenic diet, course of fenbendazole and/or metronidazole, cobalamin supplementation, and possibly prednisolone.

**IMAGING PERFORMED BY**

Dr Ferrer, DVM

**HOSPITAL NAME**

Paseos Veterinary Center

**REFERRING VET**

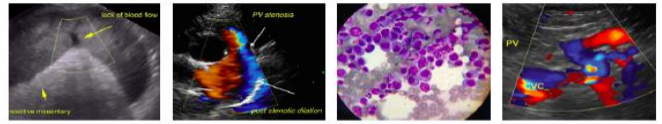
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**PATIENT IMAGES**

Mila Diaz **Spleen**

**SPECIES**

Canine

**BREED**

Boston terrier

**SEX**

FS

**AGE**

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**WEIGHT**

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**PATIENT** Small intestine

Mila Diaz

**SPECIES**

Canine

**BREED**

Boston terrier

**SEX**

FS

**AGE**

11 years

**WEIGHT**

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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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