

**PATIENT**

Jack Erzisnick

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

MN

**AGE**

12 years

**WEIGHT**

69 #

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Lara Wiseman, DVM

**HOSPITAL NAME**

Heron Lakes Animal  
Hospital

**REFERRING VET**

Dr Lera

**INVOICE**

303944

**DATE**

2/27/23

**PRESENTING CLINICAL SIGNS**

History: Acute onset vomiting, diarrhea, lethargy.

Physical Examination: Pyrexia.

Urinalysis: SG 1.046.

CBC: Leukopenia.

Serum Biochemistry: SDMA 36.

Radiographic Findings: Normal – incidental Bates body.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with a normal thickness (0.3 cm) and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra (0.1 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 5.3 cm, right 7.3 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis capsule.

**Reproductive System**

Small hypoechoic prostate (1.1 cm).

**Adrenal Glands**

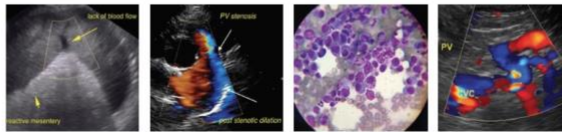
Normal echogenic appearance and position with rounded shape and enlarged. Left 0.87 cm, right 0.96 cm.

**Spleen**

Normal size (2.2 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**Liver**

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules evident. Focal well circumscribed parenchymal mottled echogenic mass (3.2 x 3.2 cm) in the left lobe. Full gall bladder containing moderate amount of hyperechogenic sediment. Thickened and hyperechogenic 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, and ileo-cecal junction, with no loss of layering, normal wall thickness (stomach 0.44 cm, duodenum 0.36 cm, jejunum 0.35 cm) and peristaltic activity, and no distension of the lumen. Thickening of the colon with no loss of layering.

**Pancreas**

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

**Free Abdomen**

No mesenteric lymphadenomegaly.  
Colonic lymphadenomegaly with rounded shape and hypoechogenic appearance.  
No ascites evident.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Colonic thickening.
- Colonic lymphadenomegaly.
- Hepatic nodule.
- Bilateral adrenomegaly.

Secondary findings:

- Age-related renal changes.
- Previous cholecystitis.
- Gall bladder sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS IMAGES**

Etiologies for the colon would be non-specific colitis, granulomatous colitis, helminths, inflammatory bowel disease, and emerging neoplasia.

The most likely etiology for the lymph nodes would be reactive with lymphadenitis and infiltrative neoplasia, differential diagnoses.

Etiologies for the hepatic mass would be nodular hyperplasia, hematoma, organized abscess, granuloma, and neoplasia.

Etiologies for the adrenal glands would be disease stress and Cushing's disease.

Further assessment would be fecal analysis, rectal/colonic cytobrush cytology, FNA cytology of the liver mass and colonic lymph node, and colonoscopy with biopsies. Adrenal function testing (ACTH stimulation/LDDS) should be also be considered.

Specific therapy would be dependent on an etiological diagnosis.



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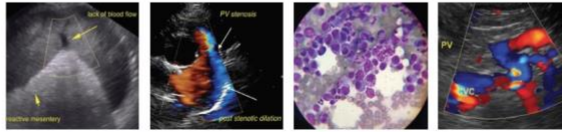
**IMAGES**

**Colon**



**Liver**





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**Colonic 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.

**Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)**  
rlobetti@mweb.co.za

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