


**PATIENT PRESENTING CLINICAL SIGNS**

Rocky Gogsadze History: Hyperthermia, not walking.

**SPECIES** Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: Monocytosis.

**BREED** Serum Biochemistry: Elevated ALP activity and creatinine, hypokalemia, mildly prolonged PTT.

Golden retriever Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Male **Urinary System**

**Age** Full urinary bladder with a thickened and irregular appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

6 years Normal trigone area, proximal urethra (1.2 cm), and iliac blood vessels.

**WEIGHT** Iliac lymphadenomegaly (0.7 x 2.9 cm) with normal shape and echogenic appearance. Ureters not visualized.

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**INTERPRETED BY** Normal renal size (left 8.8 cm, right 9.2 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**Reproductive System**

Normal size (4.5 x 4.9 cm) and appearance of the prostate.

Normal shape, size (left 4.3 cm, right 4.4 cm) and echogenic appearance of the testicles.

**Adrenal Glands**

Normal position, echogenic appearance, shape, and size. Left 0.66/0.57 cm, right 0.59/0.57 cm.

**Spleen**

Normal size (1.7 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**Liver**

Enlarged with rounded edges, hypoechogenic appearance, some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**REFERRING VET**

Dr Caja

**INVOICE**

303951

**DATE**

3/1/23


**PATIENT** *Gastrointestinal*

Rocky Gogsadze

Thickening of the duodenum (0.63 cm) small intestine (0.53 cm) and colon (0.45 cm) with no loss of layering or distension of the lumen. Normal appearance of the stomach and ileo-cecal junction, no loss of layering, normal wall thickness (stomach 0.44 cm) and no distension of the lumen.

**SPECIES**

Canine

*Pancreas*

Normal size (left 0.9 cm, right 1.5 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**BREED**

Golden retriever

*Free Abdomen*
**SEX**

Mesenteric (1.1 x 3.1 cm) and gastric (0.6 x 1.1 cm) lymphadenomegaly with a normal shape and echogenic appearance.

Male

Small amount of ascites evident.

**Age**

Hyperechogenic appearance of the mesentery.

6 years

**ULTRASONOGRAPHIC FINDINGS**
**WEIGHT**

Primary Findings:

90 #

- Hepatopathy.
- Enteropathy.
- Lymphadenomegaly.
- Ascites.
- Mesenteric inflammation.
- Cystitis.

**INTERPRETED BY**

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MMedVet (Med), PhD, Dipl.  
ECVIM

Secondary Findings:

- None.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Oviedo Veterinary Care and  
Emergency

Etiologies for the hepatopathy would be reactive, hyperplasia, vacuolar, hepatitis (acute, chronic), and infiltrative neoplasia.

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Etiologies for the enteropathy would be non-specific entero-colitis (dietary indiscretion, toxins, viral), parasitic, inflammatory bowel disease, dietary hypersensitivity, and emerging lymphoma.

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

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Although the ascites and mesenteric inflammation is most likely secondary to the enteropathy and/or hepatopathy, peritonitis (sterile, bacterial) and carcinomatosis needs to be considered.

**DATE**

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Further assessment would be urine and fecal analyses, urine culture, analysis of the ascitic fluid, FNA cytology of the liver and lymph nodes, and possibly endoscopy of both the upper and lower GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



**PATIENT**

Rocky Gogsadze

**SPECIES**

Canine

**BREED**

Golden retriever

**SEX**

Male

**Age**

6 years

**WEIGHT**

90 #

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 MMedVet (Med), PhD, Dipl.  
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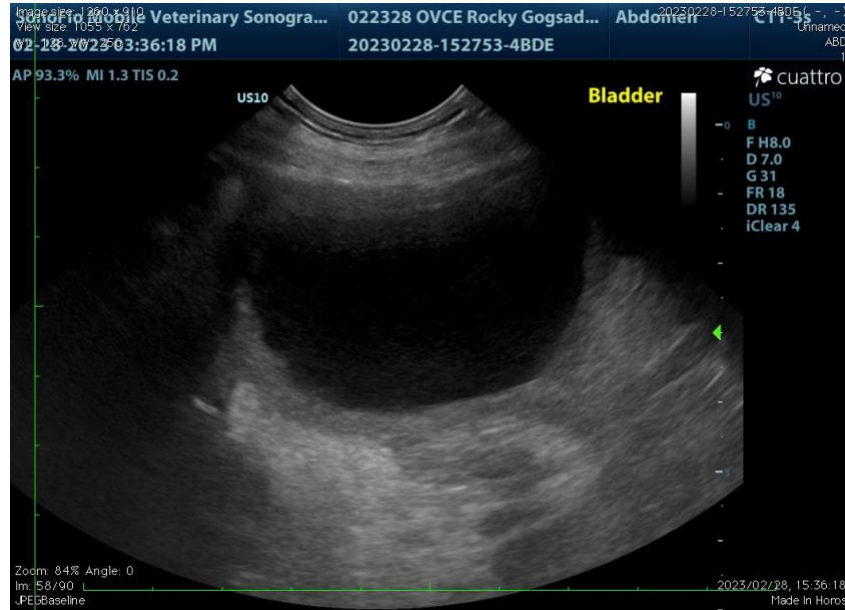
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**DATE**

3/1/23

**IMAGES**

**Urinary bladder**



**Liver**





**PATIENT** Small intestine

Rocky Gogsadze

**SPECIES**

Canine

**BREED**

Golden retriever

**SEX**

Male

**Age**

6 years

**WEIGHT**

90 #



**Colon**

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**PATIENT** Mesenteric lymph node

Rocky Gogsadze

**SPECIES**

Canine

**BREED**

Golden retriever

**SEX**

Male

**Age**

6 years

**WEIGHT**

90 #



**INTERPRETED BY**

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 MMedVet (Med), PhD, Dipl.  
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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.

**IMAGING PERFORMED BY**

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