


**PATIENT PRESENTING CLINICAL SIGNS**

Manicho Matterm

History: Vomiting past month. Possible foreign body.

**SPECIES**

Physical Examination: N/A.

Canine

Urinalysis: N/A.

**BREED**

CBC: N/A.

Mixed

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

**SEX**
**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

MN

**Urinary System**

Age

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

9 years

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

**WEIGHT**

Normal iliac lymph nodes (1.9 cm). Ureters not visualized.

72 #

Normal renal size (left 6.5 cm, right 5.9 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**INTERPRETED BY**
**Reproductive System**

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

Small hypoechoic prostate (0.6 cm).

**Adrenal Glands**

Normal position, echogenic appearance, and shape but plump in size. Left 0.74/0.49 cm, right 0.72/0.47 cm.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**
**Spleen**

 Oviedo Veterinary Care and  
 Emergency

Normal size (1.4 cm) and echogenic appearance. Smooth homogenous parenchyma, normal vasculature, and regular curvilinear capsule. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**REFERRING VET**

Dr Williams

**Liver**

Normal size, echogenic appearance, 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).

**INVOICE**

303857

**Gastrointestinal**
**DATE**

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen. Irregular hypoechoic mural mass (3.7 x 3.9 cm) in the pylorus with resultant gastric outflow tract obstruction as the stomach is distended with fluid.

2/4/23


**PATIENT** *Pancreas*

Manicho Matterm

Normal size (right 1.7 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES**
*Free Abdomen*

Canine

Normal mesenteric lymph nodes (3.6 cm).  
No ascites.

**BREED**

Mixed

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

**SEX**

- Pyloric mass.
- Plump adrenal glands.

**MN**
**Age**

Secondary Findings:

9 years

- None.

**WEIGHT**

72 #

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the pyloric mass would be neoplasia (lymphoma, carcinoma, sarcoma), granuloma, pyloric hyperplasia, and organized abscess.

Although the most likely etiology for the adrenal glands would be disease stress, emerging Cushing's disease needs to be considered.

Further assessment would be 3-view thoracic radiographs, FNA cytology of the mass, and gastroscopy with biopsies; however, as the mass appears to be mural there may not be any obvious pathology visible on gastroscopy.

Specific therapy would be dependent on an etiological diagnosis. With the location of the mass, surgical resection may not be feasible

**INTERPRETED BY**

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ECVIM

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
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**REFERRING VET**

Dr Williams

**INVOICE**

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**DATE**

2/4/23



**PATIENT**

Manicho Matterm

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

MN

**Age**

9 years

**WEIGHT**

72 #

**INTERPRETED BY**

Remo Lobetti, BVSc,  
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 ECVIM

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

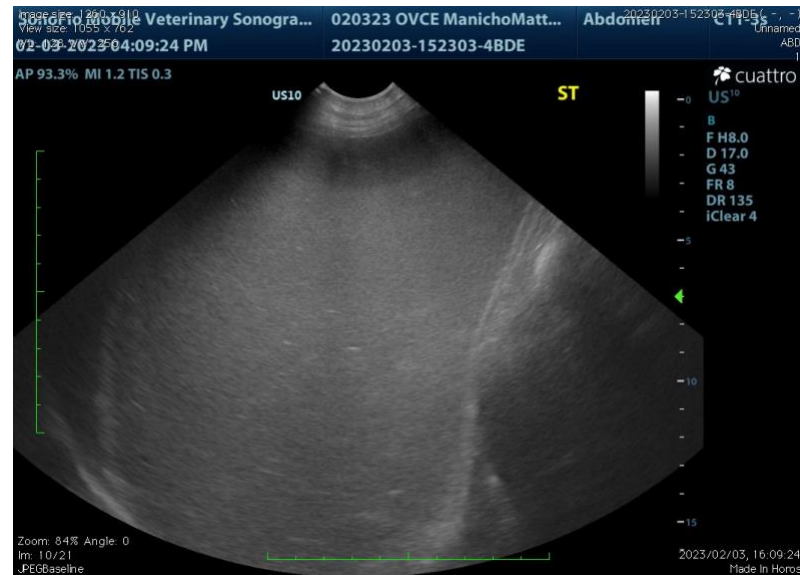
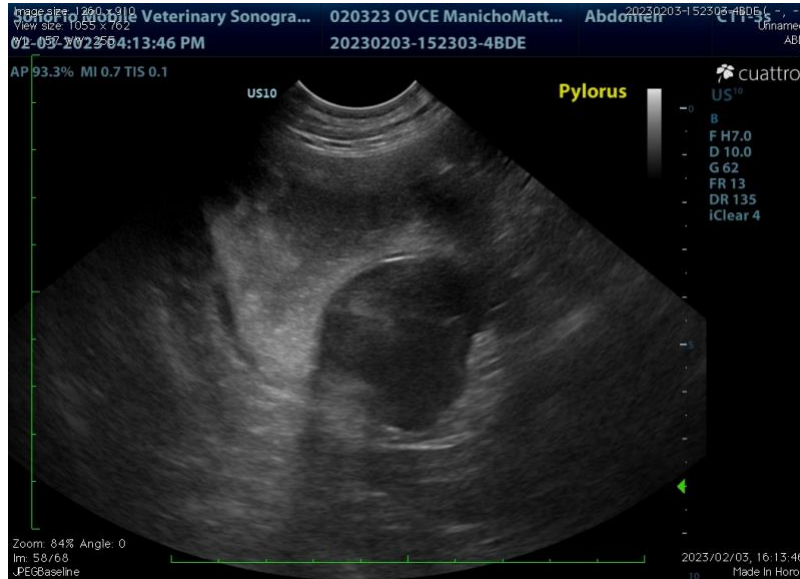
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**REFERRING VET**

Dr Williams

**IMAGES**

**Stomach**



**INVOICE**

303857

**DATE**

2/4/23

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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