

PATIENT PRESENTING CLINICAL SIGNS

Ozzie Carroll History: Laryngeal paralysis with recent change in eating habits.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

Newfoundland 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.

10 years

WEIGHT Normal trigone area, proximal urethra (1.1 cm), and iliac blood vessels.

103 # Normal iliac lymph nodes (2.2 cm). Ureters not visualized.

Normal renal size (left 7.7 cm, right 8.2 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

INTERPRETED BY *Reproductive System*

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM
Small hypoechogenic prostate (1.7 cm).

Adrenal Glands

Normal position, echogenic appearance, shape, and size. Left 0.64/0.67 cm, right 0.71 cm.

Spleen

Normal size (1.9 cm) and echogenic appearance. Smooth homogenous parenchyma, normal vasculature, and regular curvilinear capsule. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

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 (0.2 cm).

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and Emergency

REFERRING VET

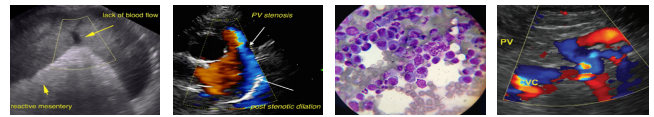
Dr Chow

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DATE

2/7/23



PATIENT

Gastrointestinal

Ozzie Carroll

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.5 cm, jejunum 0.46 cm, colon 0.28 cm) and peristaltic activity, and no distension of the lumen. Thickening of the gastric wall (1.1 cm) with no loss of layering. Gas within the stomach. Multiple, non-shadowing, hypoechoic nodule-like structures on the gastric wall (up to 1.4 x 1.7 cm in size) with a similar structure in the colon (1.3 x 1.5 cm).

SPECIES

Canine

BREED

Newfoundland

Pancreas

Enlarged right lobe (right 1.4 cm) with a hypoechoic and irregular appearance. Hyperechoic appearance of the mesentery and fat surrounding the pancreas.

SEX

MN

Age

10 years

Normal mesenteric lymph nodes (1.7 cm).
No ascites.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

103 #

Primary Findings:

- Gastropathy.
- Gastric and colonic nodules.
- Pancreatitis

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Secondary Findings:

- None.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastropathy would be non-specific gastritis (toxins, dietary indiscretion), helminths, *Helicobacter* gastritis, ulcerative gastritis, inflammatory bowel disease, and emerging neoplasia.

Although the gastric and colonic nodules may merely be GI tract foreign material, kibble, or treats; granuloma, hyperplasia, abscessation, polyp, neoplasia needs to be considered. Further investigation would be warranted if there is no change on a follow up ultrasound after a 12-18 hours fast.

The appearance of the pancreas would be consistent with chronic pancreatitis.

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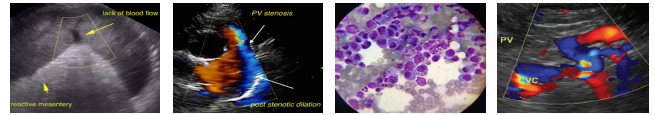
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Further assessment would be fecal analysis, cPL/PSL assay, and gastroscopy (and possibly colonoscopy) with biopsies.

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Specific therapy would be dependent on an etiological diagnosis.



PATIENT

Ozzie Carroll

SPECIES

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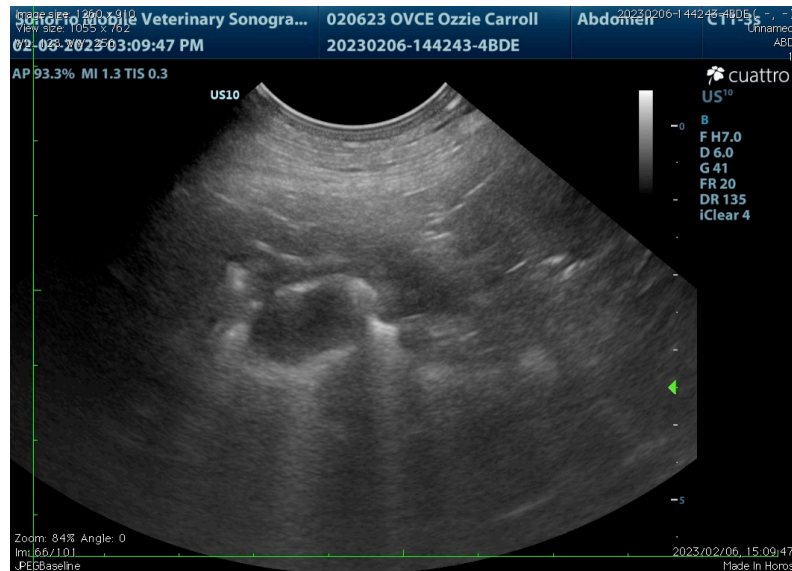
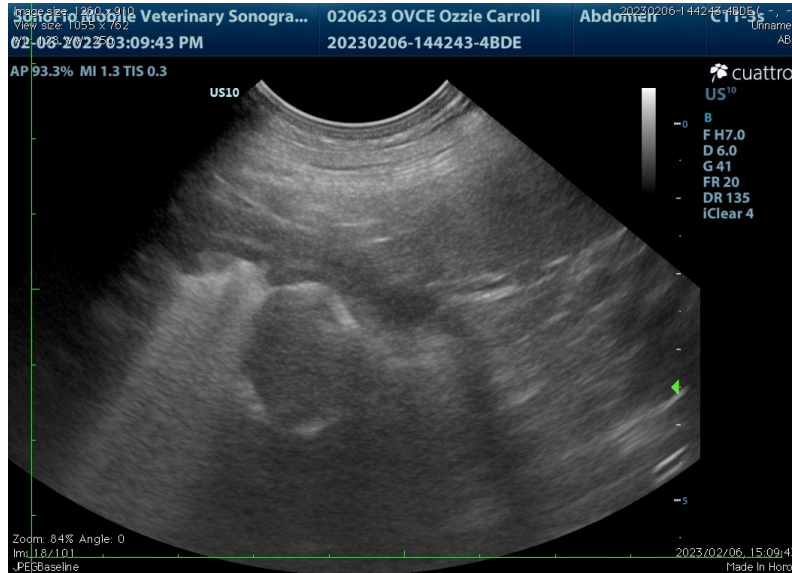
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IMAGES

Stomach

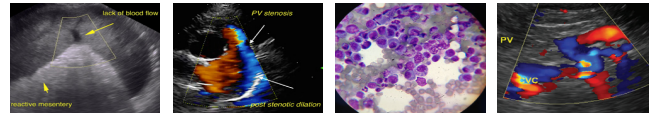


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PATIENT Colon

Ozzie Carroll

SPECIES

Canine

BREED

Newfoundland

SEX

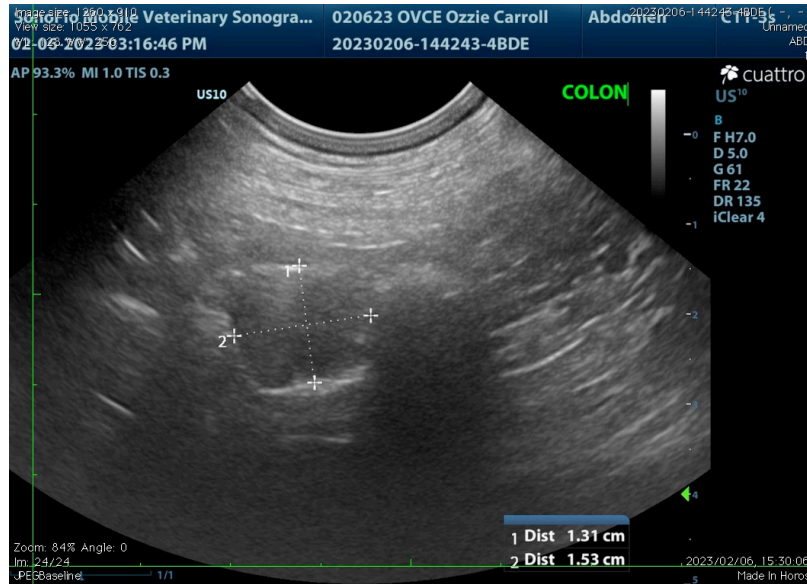
MN

Age

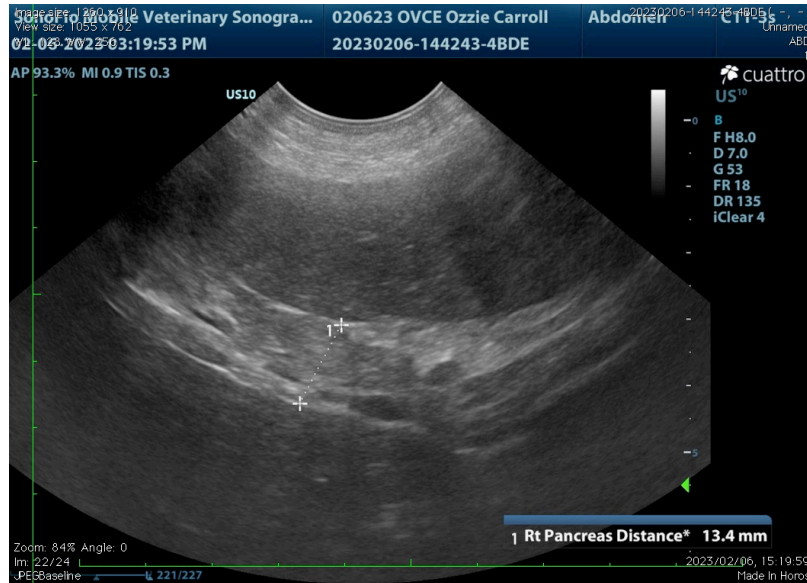
10 years

WEIGHT

103 #



Pancreas



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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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