



PATIENT PRESENTING CLINICAL SIGNS

Shasta Eslaquit History: Vomiting, anorexia, progressive lethargy, collapses after walking a few steps.

SPECIES Physical Examination: N/A.

Canine Urinalysis: No proteinuria.

CBC: Leukocytosis.

BREED Serum Biochemistry: Low albumin, phosphate, elevated amylase.

Husky Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS *Urinary System*

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

9 years Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels.

WEIGHT Normal iliac lymph nodes (2.3 cm). Ureters not visualized.

60 # Normal renal size (both 6.1 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

INTERPRETED BY *Reproductive System*

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

Adrenal Glands

IMAGING PERFORMED BY Normal position, echogenic appearance, shape, and size. Left 0.45/0.44 cm, right 0.41/0.46 cm.

Sonya Myers, DVM

Spleen

HOSPITAL NAME

Lake Emma Animal Hospital Normal size (1.6 cm) with normal echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

REFERRING VET

Dr Hecker *Liver*

INVOICE 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).

303959

Gastrointestinal

DATE Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.43 cm, colon 0.19 cm) and peristaltic activity, and no distension of the lumen. Mild thickened of the duodenum (0.51 cm) and small intestine (0.48 cm) with no loss of layering or distension of the lumen but occasional corrugation. Ingesta within the stomach and chyle and fluid within the small intestine.

3/2/23



PATIENT *Pancreas*

Shasta Eslaquit 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 Mesenteric lymphadenomegaly (0.8 x 4.5 cm) with normal shape and echogenic appearance. No ascites evident.

BREED Hyperechogenic of the mesentery around the jejunum.

Husky

SEX **ULTRASONOGRAPHIC FINDINGS**

FS Primary Findings:

- Enteropathy.
- Mesenteric lymphadenomegaly.

9 years Secondary Findings:

WEIGHT • None.

60 #

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Etiologies for the enteropathy would be non-specific enteritis (dietary indiscretion, toxins, viral) inflammatory bowel disease, parasitic enteritis, granulomatous enteritis, and dietary hypersensitivity, with emerging lymphoma a far less likely differential diagnosis.

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

With the presenting clinical signs organophosphate toxicity and myasthenia gravis needs to be considered.

Further assessment would be fecal analyses, cobalamin assay, endoscopy of the upper GI tract with biopsies, and possibly acetylcholinesterase activity and acetylcholinesterase receptor antibodies.

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

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Lake Emma Animal Hospital

REFERRING VET

Dr Hecker

INVOICE

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DATE

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PATIENT IMAGES

Shasta Eslaquit

Small intestine

SPECIES

Canine

BREED

Husky

SEX

FS

Age

9 years

WEIGHT

60 #

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PATIENT Mesenteric lymph node

Shasta Eslaquit

SPECIES

Canine

BREED

Husky

SEX

FS

Age

9 years

WEIGHT

60 #



INTERPRETED BY

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

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)
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