



**PATIENT**

Mister Mac Bryant

**SPECIES**

Canine

**BREED**

Morkie

**SEX**

MN

**AGE**

11 years

**WEIGHT**

5 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Treasure Coast  
Animal Emergency

**REFERRING VET**

Dr Cail

**INVOICE**

302829

**DATE**

3/22/22

**PRESENTING CLINICAL SIGNS**

History: GI disease with acute onset vomiting past few hours, normal appetite.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: Abnormal cPL.

Radiographic Findings: N/A.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

Normal trigone area, proximal urethra (0.28 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.9 cm, right 4.5 cm) with increased appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

**Reproductive System**

Small hypoechoic prostate (0.6 cm).

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position. Left 0.47/0.34 cm, right 0.44/0.43 cm.

**Spleen**

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

**Liver**

Normal size, echogenic appearance, and portal markings. 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 (0.16 cm).



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**Gastrointestinal**

Normal appearance of the gastro-esophageal junction, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristalsis, and no distension of the lumen. Segmental thickening stomach (0.51 cm), duodenum (0.51 cm), and small intestine (0.47 cm) with a prominent hypoechoic appearance of submucosal layer but no loss of layering or distension of the lumen.

**Pancreas**

Normal size (right 0.8 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

Mesenteric lymphadenomegaly (0.6 x 1.7 cm) with normal shape and echogenic appearance.

Small amount of ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Gastroenteropathy.
- Mesenteric lymphadenomegaly.

Secondary findings:

- Age-related renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the gastroenteropathy would be non-specific gastroenteritis (viral, bacterial, toxins, helminths, protozoa, dietary indiscretion), *Helicobacter* gastritis, ulcerative disease, inflammatory bowel disease, and dietary hypersensitivity.

The most likely etiology for lymphadenomegaly would be reactive secondary to the GI tract with lymphadenitis and infiltrative neoplasia, less likely differential diagnoses.

Further assessment would be fecal analyses, cobalamin assay, FNA cytology of the lymph nodes, and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be low-fat intestinal/novel protein diet, anti-emetics, course of fenbendazole and/or metronidazole and cobalamin supplementation.



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**IMAGES**

**Stomach**



**Small intestine**





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**Mesenteric 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)**  
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