


PATIENT PRESENTING CLINICAL SIGNS

Wrigley Paczesny History: Dark feces. Blood transfusion for anemia.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

Mixed Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
MN *Urinary System*

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

8 years

Normal trigone area, proximal urethra (0.5 cm), and iliac blood vessels.

WEIGHT

39 # Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 6.1 cm, right 6.5 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

INTERPRETED BY
Reproductive System

Small hypoechogenic prostate (0.9 cm).

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.51/41 cm, right 0.69 cm.

Spleen

Normal size (1.4 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. 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.

Gall bladder

Full containing moderate amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the 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

304039

DATE

3/23/23


PATIENT
Gastrointestinal

Wrigley Paczesny

SPECIES

Canine

BREED

Mixed

SEX

MN

Age

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WEIGHT

39 #

INTERPRETED BY

 Remo Lobetti, BVSc,
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Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.49 cm, jejunum 0.44 cm, colon 0.16 cm) and peristaltic activity, and no distension of the lumen. Large irregular hypoechoic lobulated gastric mass (2.3 x 6.9 cm) in the region of the pylorus. Focal hypoechoic nodule on the wall of the duodenum (0.6 x 0.7 cm).

Pancreas

Normal size (right 1.3 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes (2.8 cm).

Gastric lymphadenomegaly (0.9 x 1.4 cm) with rounded shape normal echogenic appearance. No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Gastric mass.
- Duodenal nodule.
- Gastric lymphadenomegaly.

Secondary Findings:

- Gall bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the gastric mass would be neoplasia with granulomatous disease, a differential diagnosis.

Etiologies for the duodenal nodule would be lymphoid hyperplasia, polyp, granuloma, and neoplasia.

Etiologies for the gastric lymphadenomegaly would be hyperplasia, lymphadenitis, and infiltrative neoplasia.

Further assessment would be 3-view thoracic radiographs, FNA cytology of the gastric mass, lymph nodes and duodenal nodule, and gastroscopy with biopsies. Surgical excision of the gastric mass does not appear to be feasible.

Specific therapy would be dependent on an etiological diagnosis.



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IMAGES

Stomach





PATIENT Lymph node

Wrigley Paczesny

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Duodenum

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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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