



**PATIENT PRESENTING CLINICAL SIGNS**

Sydney Gibelev History: Cutaneous mast cell tumor with metastasis to the popliteal lymph node and associated limb edema. Anorexia and vomiting.

**SPECIES** Physical Examination: Right hind limb edema.

Canine Urinalysis: N/A.

**BREED** CBC: N/A.

Labrador Serum Biochemistry: N/A.

Radiographic Findings: N/A.

**SEX**

FS

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE** *Urinary System*

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

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

19.7 kg Enlarged right iliac lymph node (0.8 x 2.8 cm) with increased echogenic appearance and normal shape. Left iliac node and ureters not visualized.

**INTERPRETED BY**

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

Normal renal size (left 6.1 cm, right 6.3 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and pelvis.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape and position. Bilaterally enlarged with a hyperechogenic nodular appearance. Left 2.7 x 1.27/1.05 cm, right 1.4 x 0.66/0.84 cm.

**Spleen**

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear 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 small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

WVRC - Dr Ritzman

**INVOICE**

302841

**DATE**

3/26/22



**PATIENT** *Gastrointestinal*

Sydney Gibelev

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.56 cm, jejunum 0.39 cm) and peristaltic activity, and no distension of the lumen.

**SPECIES**

Canine

*Pancreas*

**BREED**

Labrador

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

*Free Abdomen*

**SEX**

FS

Normal mesenteric lymph nodes (0.31 cm).  
No ascites.

**AGE**

11 years

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Bilateral nodular adrenomegaly.
- Iliac lymphadenomegaly.

**WEIGHT**

19.7 kg

Secondary Findings:

- Age-related renal changes.
- Gall bladder sediment.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the adrenomegaly would be disease stress, emerging pituitary-dependent Cushing's disease, and emerging functional/non-functional adenomas or carcinomas.

**IMAGING PERFORMED BY**

Tom McNeill

The most likely etiology for the iliac lymph node would be infiltrative mast cell tumor with reactive and lymphadenitis differential diagnoses.

**HOSPITAL NAME**

SVS Imaging CT

Further assessment would be FNA cytology of the iliac lymph node and adrenal function testing (ACTH stimulation/LDDS test).

**REFERRING VET**

WVRC - Dr Ritzman

With the metastatic nature of the mast cell tumor, chemotherapy rather than surgery would be indicated. Consultation with an oncologist would be recommended as to the best management of the mast cell tumor.

**INVOICE**

302841

**DATE**

3/26/22



**PATIENT**

Sydney Gibelev

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

FS

**AGE**

11 years

**WEIGHT**

19.7 kg

**IMAGES**

**Iliac lymph node**



**Left adrenal**



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

WVRC - Dr Ritzman

**INVOICE**

302841

**DATE**

3/26/22

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)**  
[rlobetti@mweb.co.za](mailto:rlobetti@mweb.co.za)