

**PATIENT**

Sage Connolly

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

FS

**AGE**

2 years

**WEIGHT**

23 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**

302848

**DATE**

3/29/22

**PRESENTING CLINICAL SIGNS**

History: 1-week duration vomiting and hyporexia.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

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, and iliac blood vessels.

Normal iliac lymph nodes (2.1 cm). Ureters not visualized.

Normal renal size (left 5.3 cm, right 5.4 cm) echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**Reproductive System**

N/A.

**Adrenal Glands**

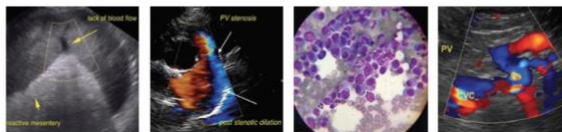
Normal shape, echogenic appearance, size, and position. Left 0.48/0.43 cm, right 0.45/0.5 cm.

**Spleen**

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular 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 (0.21 cm).



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***Gastrointestinal***

Normal appearance of the gastro-esophageal junction, stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.35 cm, duodenum 0.39 cm) and peristalsis, and no distension of the lumen. Normal thickness of the small intestine (0.38 cm) but with a prominent and thickened appearance of the submucosal layer with no loss of layering or distension of the lumen. Small amount gas/fluid in the stomach.

***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***

Mesenteric lymphadenomegaly (0.9 x 2.3 cm) but with normal shape and echogenic appearance.

No ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Enteropathy.
- Mesenteric lymphadenomegaly.

Secondary findings:

- None.

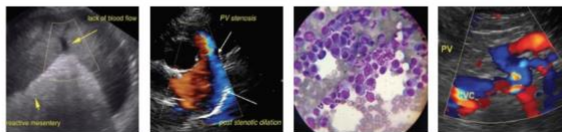
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the enteropathy would be non-specific gastroenteritis (viral, bacterial protozoal, helminths, dietary indiscretion, toxins) with inflammatory bowel disease and dietary hypersensitivity differential diagnoses.

The most likely etiology for the mesenteric lymph nodes would be secondary to the enteritis with lymphadenitis a differential diagnosis and infiltrative neoplasia a highly unlikely differential diagnosis.

Further assessment would be fecal analysis and if there is not a satisfactory improvement with symptomatic therapy, then endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be intestinal diet, anti-emetics, course of fenbendazole and/or metronidazole, and intestinal absorbents.



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### IMAGES

Liver



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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