



PATIENT

Annabel Bodor

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

11 years

WEIGHT

7.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lisa Bancroft, DVM

HOSPITAL NAME

Treasure Coast Animal
Emergency

REFERRING VET

Angela Cail

INVOICE

304066

DATE

3/31/23

PRESENTING CLINICAL SIGNS

History: Vomiting and hemorrhagic diarrhea past few days, anorexia past 24 hours. No dietary change and no obvious dietary indiscretion.

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 thickness (0.2 cm) and appearance 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. Ureters not visualized.

Normal renal size (left 4.5 cm, right 4.7 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.51 cm, right 0.52 cm.

Spleen

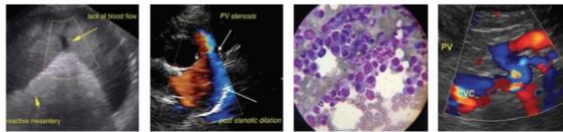
Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Mottled echogenic parenchymal mass (1.2 x 2 cm) in the body of the spleen with bulging of the overlying capsule.

Liver

Normal size, with a mottled echogenic and nodular appearance, some loss of portal markings, and regular curvilinear capsule. Nodules are small, faint, hypoechogenic, and hypoechogenic. No masses evident.

Liver

Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (stomach 0.32 cm, duodenum 0.35 cm, jejunum 0.33 cm) and peristalsis, and no distension of the lumen. Segmental thickening of the colon (0.24 cm) with no loss of layering and fluid distended lumen (1.1 cm).

Pancreas

Normal size (0.7 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Mesenteric lymphadenomegaly (0.4 x 1.1 cm) with normal shape and echogenic appearance.

No ascites evident.

Thorax

Normal appearance of the heart.
No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Colitis.
- Splenic mass.
- Nodular hepatopathy.
- Mesenteric lymphadenomegaly.

Secondary findings:

- Gall bladder sediment.

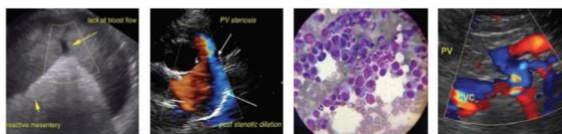
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the colitis would be non-specific hemorrhagic enteritis, helminths, dietary, inflammatory bowel disease, granulomatous disease, ulcerative colitis, and emerging neoplasia.

Etiologies for the splenic mass would be hematoma, granuloma, organized abscess, and neoplasia.

Etiologies for the hepatopathy would be reactive, nodular hyperplasia, chronic hepatitis, and infiltrative neoplasia.

The most likely etiology for the lymph nodes would be reactive secondary to the colitis.



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Further assessment would be fecal analysis, serum biochemistry, rectal cytobrush cytology, FNA cytology of the liver and splenic mass, and if there is not a satisfactory improvement then colonoscopy with biopsies. Ultrasonographic monitoring of the splenic mass and/or splenectomy would be recommended,

Specific therapy would be dependent on an etiological diagnosis.

IMAGES

Spleen



Liver



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Colon



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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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rlobetti@mweb.co.za

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