



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Cali McNutt History: Anorexia, lethargic, hematemesis, melena.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

Boxer Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS **Urinary System**

Age Small urinary bladder with a thickened and irregular appearance of the wall. Small amount of floating and dependent hyperechogenic sediment present. No uroliths evident.

5 years Normal trigone area, proximal urethra, and iliac blood vessels.

WEIGHT Iliac lymphadenomegaly (left 0.7 x 2.2 cm, right 0.6 x 3 cm) normal shape and echogenic appearance. Ureters not visualized.

72 #

INTERPRETED BY Normal renal size (left 7.6 cm, right 7.2 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

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Reproductive System

N/A.

IMAGING PERFORMED BY Adrenal Glands

Sonya Myers, DVM Normal position, echogenic appearance, shape, and size. Left 0.63/0.55 cm, right 0.72 cm.

HOSPITAL NAME Spleen

Oviedo Veterinary Care and Emergency Normal size (2 cm) with a normal echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

REFERRING VET Liver

Dr Williams Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. 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 (0.3 cm).

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PATIENT *Gastrointestinal*

Cali McNutt Normal appearance of the duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.5 cm, colon 0.24 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the stomach (0.87 cm) and small intestine (0.74 cm) with no loss of layering or distension of the lumen. Shadowing material within the stomach (2.5 cm) but with no evidence of obstruction.

SPECIES

Canine

BREED *Pancreas*

Boxer

Normal size (right 1.4 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX *Free Abdomen*

FS

Mesenteric lymphadenomegaly (2 x 5.7 cm) with rounded shape and normal echogenic appearance.

Age

No ascites evident.

5 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

72 #

Primary Findings:

- Gastroenteropathy.
- Lymphadenomegaly.
- Cystitis.

INTERPRETED BY

Secondary Findings:

- None.

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IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the lymph nodes would be reactive, hyperplasia, lymphadenitis, and infiltrative neoplasia.

Etiologies for the cystitis would be bacterial cystitis, sterile cystitis, and emerging neoplasia.

Further assessment would be urine and fecal analyses, urine culture, CBC, serum biochemistry, BRAF assay, FNA cytology of the lymph nodes, and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Oviedo Veterinary Care and
Emergency

REFERRING VET

Dr Williams

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PATIENT

Cali McNutt

SPECIES

Canine

BREED

Boxer

SEX

FS

Age

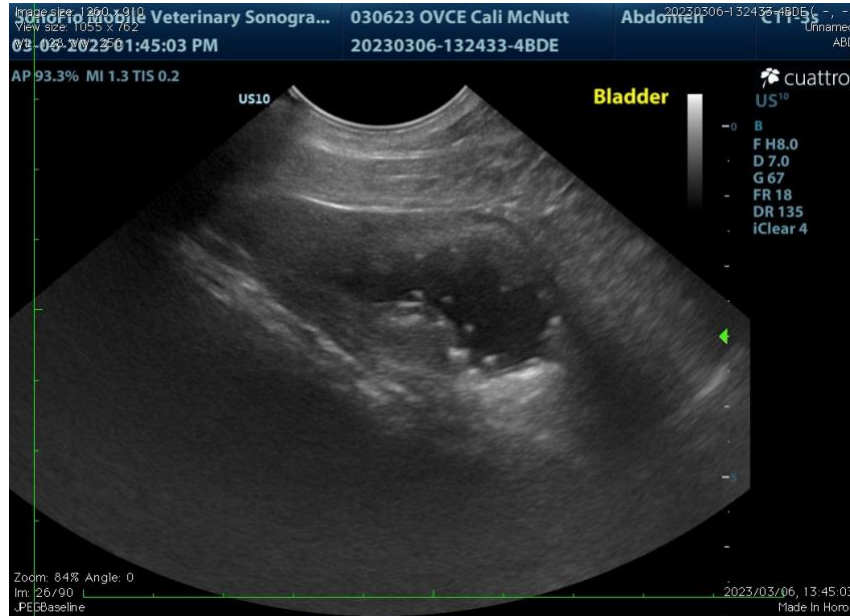
5 years

WEIGHT

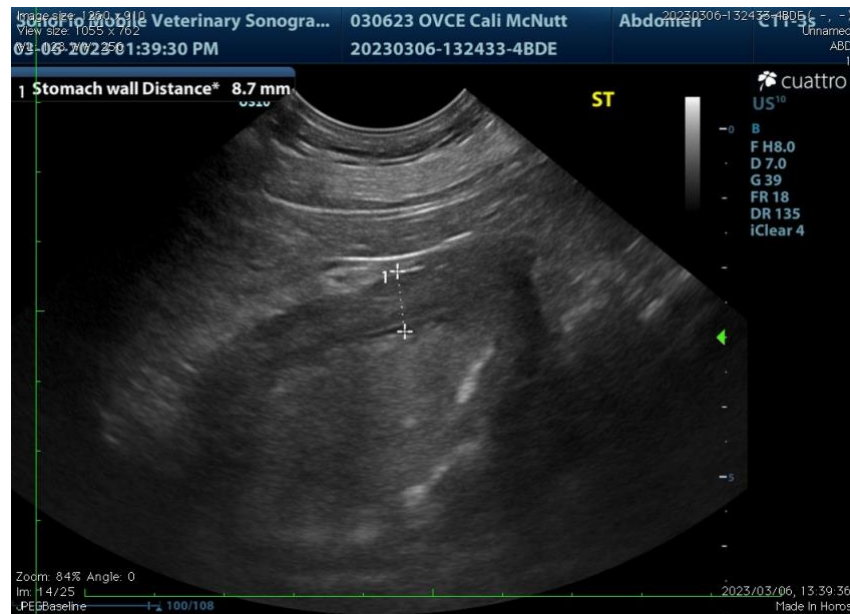
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IMAGES

Urinary bladder



Stomach



INTERPRETED BY

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HOSPITAL NAME

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 Emergency

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Dr Williams

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PATIENT Jejunum

Cali McNutt

SPECIES

Canine

BREED

Boxer

SEX

FS

Age

5 years

WEIGHT

72 #

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Mesenteric lymph node



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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