


PATIENT PRESENTING CLINICAL SIGNS

Nutmeg Ganessingh

History: Anemia.

SPECIES

Physical Examination: N/A.

Canine

Urinalysis: N/A.

BREED

CBC: Regenerative anemia (13%).

Shih Tzu

Serum Biochemistry: N/A.

Radiographic Findings: Possible abdominal mass.

SEX
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS

Urinary System
Age

Full urinary bladder with a thickened and irregular appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

11 years

WEIGHT

Normal trigone area, proximal urethra (0.3 cm), and iliac blood vessels.

11 #

Normal iliac lymph nodes (left 1.1 cm). Ureters not visualized.

Normal renal size (left 3.7 cm, right 4 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, and normal pelvis and capsule.

INTERPRETED BY
Reproductive System

 Remo Lobetti, BVSc,
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Dipl. ECVIM

N/A.

IMAGING PERFORMED BY
Adrenal Glands

Sonya Myers, DVM

Normal position, echogenic appearance, shape, and size. Left 0.56/0.4 cm, right 0.58/0.43 cm.

HOSPITAL NAME
Spleen

 Oviedo Veterinary Care
and Emergency

Normal size (0.7 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes evident.

REFERRING VET
Liver

Dr Caja

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 (0.1 cm).

INVOICE
Gastrointestinal

303991

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.46 cm, jejunum 0.32 cm, colon 0.16 cm) and peristaltic activity, and no distension of the lumen. Mottled echogenic irregular mural mass at the pylorus (2.1 x 2.7 cm) with extension into gastric lumen (1.3 x 1.6 cm). Thickening of the stomach (8.8 mm) with loss of layering. No obvious pyloric obstruction evident,

DATE

3/9/23


PATIENT *Pancreas*

Nutmeg Ganessingh

Normal size (right 1.1 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES
Free Abdomen

Canine

Normal mesenteric lymph nodes (1.3 cm).

BREED

No ascites evident.

Cyst-like structure (0.8 x 3 cm) caudal to the urinary bladder.

Shih Tzu

ULTRASONOGRAPHIC FINDINGS
SEX

Primary Findings:

FS

- Gastric mass.
- Gastric thickening.
- Caudal abdominal cyst.

Age

11 years

Secondary Findings:

WEIGHT

- Age-related renal changes.
- Cystitis.

11 #

INTERPRETED BY
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The most likely etiology for the gastric mass and gastric thickening would be neoplasia, with granulomatous disease a differential diagnosis. With the anemia present, ulceration of the mass is most probable.

IMAGING PERFORMED BY

Etiologies for the cyst would be incidental mesenteric cyst, stump hydrometra and stump mucometra, with stump pyometra an unlikely differential diagnosis.

Sonya Myers, DVM

Further assessment would be urinalysis, urine culture, 3-view thoracic radiographs, FNA cytology of the gastric mass, and possibly gastroscopy with biopsies.

HOSPITAL NAME

 Oviedo Veterinary Care
and Emergency

Specific therapy would be dependent on an etiological diagnosis. The location of the mass may make surgical resection unfeasible.

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Dr Caja

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PATIENT

Nutmeg Ganessingh

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

Age

11 years

WEIGHT

11 #

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IMAGES

Stomach mass





PATIENT Stomach

Nutmeg Ganessingh

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

Age

11 years

WEIGHT

11 #



Urinary bladder

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PATIENT Cyst

Nutmeg Ganessingh

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

Age

11 years

WEIGHT

11 #



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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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Sonya Myers, DVM

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