


PATIENT PRESENTING CLINICAL SIGNS

Teddy Lebowitz History: Initially presented for hyporexia and back pain – was treated with carprofen and gabapentin with no improvement. Melena.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

BREED CBC: Leukocytosis, anemia, thrombocytopenia.

Griffon Mix Serum Biochemistry: N/A.

Radiographic Findings: N/A.

SEX

MN

Age

11 years

WEIGHT

15 #

INTERPRETED BY

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

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

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

Normal trigone area, proximal urethra (0.5 cm), and iliac blood vessels.

Normal iliac lymph nodes (0.7 cm). Ureters not visualized.

Normal renal size (left 4.3 cm, right 4.7 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Bilateral pinpoint mineralization.

Reproductive System

Small hypoechoic prostate (0.8 cm).

Adrenal Glands

Normal position, echogenic appearance, shape, and size. Left 0.63/0.49 cm, right 0.54/0.63 cm.

Spleen

Normal size (1.4 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Focal area of hypoechoic parenchyma in the body of the spleen with an irregular overlying capsule. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Enlarged with rounded edges, hypoechoic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Thickened and edematous appearance of the gall bladder wall. Normal bile duct (0.2 cm).

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Lake Emma Animal
Hospital

REFERRING VET

Dr Groberg

INVOICE

303994

DATE

3/10/23


PATIENT

Teddy Lebowitz

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Gastrointestinal

Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.35 cm, colon 0.15 cm) and peristaltic activity, and no distension of the lumen. Thickening of the duodenum (0.56 cm) and small intestine (0.52 cm) with no loss of layering. Thickened, hypoechoic and irregular jejunal mass (1.5 x 6.8 cm) with loss of layering and gas within the wall. Small amount of fluid and hyperechoic appearance of the mesentery surrounding the mass.

Pancreas

Normal size (right 0.9 cm) with a hyperechoic appearance and irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Mesenteric lymphadenomegaly (0.7 x 3.6 cm) with normal shape and echogenic appearance. No ascites evident.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- Jejunal mass.
- Enteropathy
- Hepatopathy.
- Cholecystitis.
- Mesenteric lymphadenomegaly.
- Splenic reaction.

Secondary Findings:

- Age-related renal changes.
- Chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the jejunal mass would be neoplasia with granulomatous disease a differential diagnosis and with the gas within the wall and appearance of the surrounding mesentery, perforation has occurred.

The hepatopathy, cholecystitis, splenic reaction, and lymphadenomegaly can all be ascribed to the perforated mass (peritonitis).

Further assessment would be 3-view thoracic radiographs and laparotomy, the latter being both diagnostic and therapeutic.

Further specific therapy would be dependent on an etiological diagnosis.



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IMAGES

Jejunal mass





PATIENT

Mesentery/ascites

Teddy Lebowitz

SPECIES

Canine

BREED

Griffon Mix

SEX

MN

Age

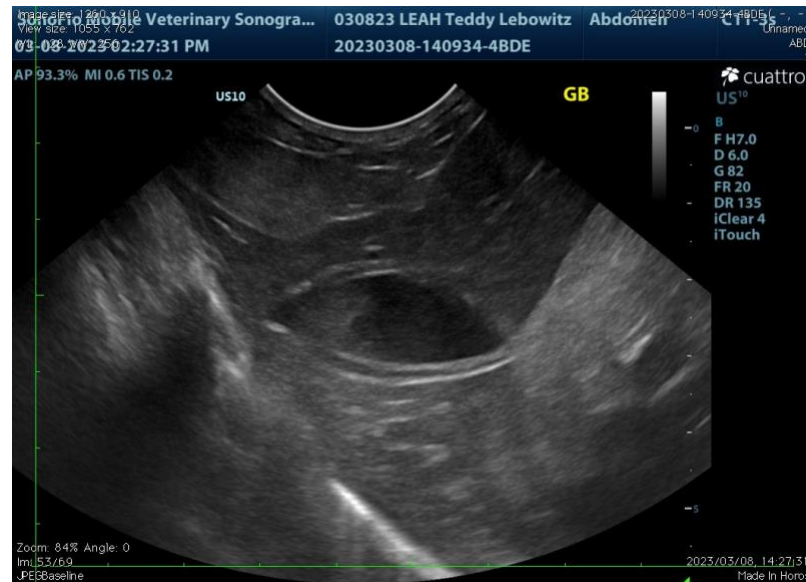
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Gall bladder



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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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