



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Snoop Annett	History: Chronic cough.
<b>SPECIES</b>	Physical Examination: Grade I-II/VI systolic murmur.
Canine	Urinalysis: Normal.
<b>BREED</b>	CBC: Normal.
Mixed breed	Serum Biochemistry: Normal.
<b>SEX</b>	Radiographic Findings: Tracheobronchial lymphadenomegaly/abnormal soft tissue structure dorsal to the heart.
Male	
<b>AGE</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
5 years	<b>Urinary System</b>
<b>WEIGHT</b>	Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.
48.8 kg	Normal trigone area, proximal urethra, and iliac blood vessels.
<b>INTERPRETED BY</b>	Normal iliac lymph nodules. Ureters not visualized.
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM	Normal renal size (left 7 cm, right 7.8 cm), echogenic appearance, cortico-medullary differentiation, capsule, blood flow and pelvis.
<b>IMAGING PERFORMED BY</b>	<b>Reproductive System</b>
Dr Alastair Westcott, DVM	Normal size and appearance of the prostate (1.4 x 2.8 cm).
<b>HOSPITAL NAME</b>	<b>Adrenal Glands</b>
	Normal shape, echogenic appearance, size, and position. Left 2.84 x 0.54/0.3, right 2.81 x 0.57/0.59cm.
<b>REFERRING VET</b>	<b>Spleen</b>
Dr Alastair Westcott, DVM	Normal size (1.8 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.
<b>INVOICE</b>	<b>Liver</b>
302858	Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.
<b>DATE</b>	
4/1/22	



**PATIENT** *Gastrointestinal*

Snoop Annett Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.48 cm, jejunum 0.51 cm) and peristaltic activity, and no distension of the lumen.

**SPECIES**

Canine *Pancreas*

**BREED**

Mixed breed Normal size (right 1.1 cm, left 1.2 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SEX**

No mesenteric lymphadenomegaly.  
No ascites.

Male

**AGE**

*Thorax*

5 years

Adherent irregular hyperechogenic nodule (2.3 cm) in the right atrium.  
No pericardial or pleural effusion.

**WEIGHT**

48.8 kg

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

Primary Findings:

- Right atrial nodule.

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

Secondary Findings:

- None.

**IMAGING PERFORMED BY**

Dr Alastair Westcott,  
DVM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the right atrial nodule would be organized thrombus, granuloma, and neoplasia.

**HOSPITAL NAME**

Further assessment that could be considered would be CT scan of the thorax. Ultrasound monitoring of the atrial nodule would also be recommended.

**REFERRING VET**

Dr Alastair Westcott,  
DVM

Specific therapy would be dependent on an etiological diagnosis.

**INVOICE**

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**DATE**

4/1/22



**PATIENT IMAGES**

Snoop Annett **Heart**

**SPECIES**

Canine

**BREED**

Mixed breed

**SEX**

Male

**AGE**

5 years

**WEIGHT**

48.8 kg

**INTERPRETED BY**

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MMedVet (Med), PhD,  
Dipl. ECVIM

**IMAGING PERFORMED BY**

Dr Alastair Westcott,  
DVM

**HOSPITAL NAME**

**REFERRING VET**

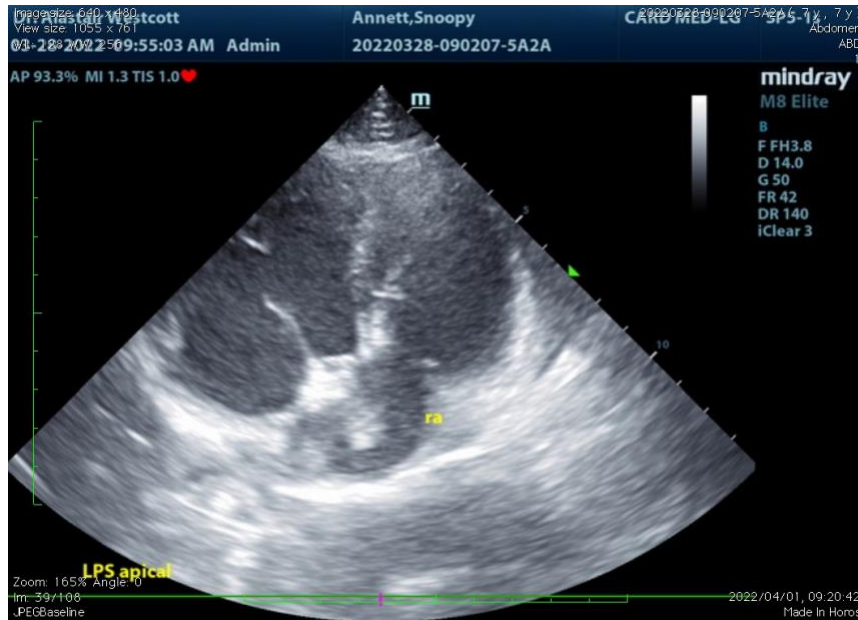
Dr Alastair Westcott,  
DVM

**INVOICE**

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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)**  
[rlobetti@mweb.co.za](mailto:rlobetti@mweb.co.za)