

**PATIENT**

Symba Allen

**SPECIES**

Canine

**BREED**

Pit Bull terrier Mix

**SEX**

Intact Male

**AGE**

12½ years

**WEIGHT**

60 #

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Lara Wiseman, DVM

**HOSPITAL NAME**

Boca Midtowne  
Animal Hospital

**REFERRING VET**

Dr Boazman

**INVOICE**

302896

**DATE**

4/12/22

**PRESENTING CLINICAL SIGNS**

History: Acute onset vomiting.

Physical Examination: Tense cranioventral abdomen, hematochezia.

Urinalysis: N/A.

CBC: Neutrophilia and monocytosis.

Serum Biochemistry: Normal

Radiographic Findings: Splenomegaly, gas/fluid in stomach, possible mass or foreign body.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with a normal appearance and thickness 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 7.1 cm, right 6.8 cm) with increased echogenic appearance, some loss of loss of cortico-medullary differentiation, and normal pelvis and capsule.

**Reproductive System**

Prostamegaly (4.1 cm) with a normal shape and increased echogenic appearance. Small hyperechogenic nodules (0.6 and 0.7 cm) in the left testis.

**Adrenal Glands**

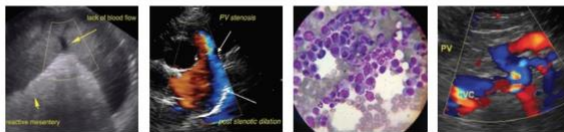
Normal shape, echogenic appearance, position, and size. Left 0.69 cm, right 0.45 cm

**Spleen**

Normal size (1.9 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**Liver**

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.22 cm).



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**Gastrointestinal**

Normal appearance of the gastro-esophageal junction, stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.26 cm) and peristalsis, and no distension of the lumen. Shadowing foreign body (3.1 cm) in the jejunum with associated thickening of the wall (0.57 cm) and hyperechogenic appearance of the surrounding mesentery. Fluid accumulation proximal to the obstruction. Rest of the small intestine appears normal. Fluid and ingesta within the stomach

**Pancreas**

Normal size (right 0.9 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

Mesenteric lymphadenomegaly (0.9 x 3.6 cm) with normal shape and echogenic appearance.  
No ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Small intestine foreign body.
- Mesenteric lymphadenomegaly.

Secondary findings:

- Prostamegaly.
- Testicular nodules.
- Age-related renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

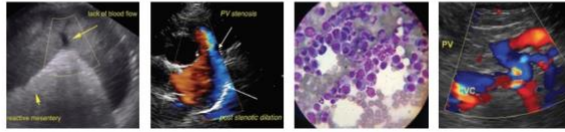
The most likely etiology for the lymphadenomegaly would be secondary to the intestinal foreign body. Although the thickening of the jejunal wall associated with the foreign body is most likely an inflammatory reaction, emerging neoplasia needs to be considered.

The prostamegaly is consistent with age-related benign prostatic hyperplasia.

Although the testicular nodules are most likely incidental, neoplasia and granulomas would be differential diagnoses.

Further assessment would be enterotomy/enterotomy, which would allow for biopsy of the small intestine as well as castration.

Further specific therapy would be dependent on an etiological diagnosis.



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**IMAGES**

**Jejunum**



**Mesenteric lymph node**



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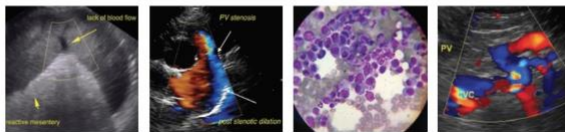
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**Prostate**



**Left testis**



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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