



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Roxy Morrison  
History: Acute onset vomiting and hyporexia.  
Physical Examination: Grade III/VI heart murmur.

**SPECIES**  
Canine  
Urinalysis: N/A.  
CBC: N/A.

**BREED**  
Mixed  
Serum Biochemistry: N/A.  
Radiographic Findings: Normal.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**  
FS  
**Age**  
13 years  
**WEIGHT**  
12 #  
**INTERPRETED BY**  
Remo Lobetti, BVSc,  
MMedVet (Med), PhD, Dipl.  
ECVIM

**Urinary System**  
Full 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 (0.3 cm) and iliac blood vessels.  
Normal iliac lymph nodes. Ureters not visualized.  
Normal renal size (left 4 cm, right 4.8 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal position, echogenic appearance, and shape but enlarged. Left 0.78/0.71 cm, right 0.7/0.86 cm.

**Spleen**

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Mottled echogenic vascularized cavitatory parenchymal nodule (0.9 x 1.5 cm) in the body of the spleen with areas of mineralization and bulging of the overlying capsule.

**Liver**

Enlarged with rounded edges, hyperechogenic and nodular appearance, loss of portal markings, and regular curvilinear capsule. Nodules are hypoechogenic, parenchymal, and up to 1.2 x 2.8 cm in size. No masses evident.

**Gall bladder**

Full containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.2 cm).

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**REFERRING VET**

Dr Cosgriff

**INVOICE**

304104

**DATE**

4/11/23



**PATIENT** *Gastrointestinal*

Roxy Morrison Shadowing jejunal foreign body (2.3 cm) with resultant intestinal obstruction – fluid-filled proximal small intestine and stomach and empty appearance of the intestine distal to the obstruction.

**SPECIES** Normal thickness and appearance of the stomach (0.46 cm), duodenum (0.39 cm), small intestine (0.28 cm), and colon (0.25 cm) with no loss of layering.

Canine

*Pancreas*

**BREED** Normal size (left 0.9 cm, right 0.6 cm) and echogenic appearance, Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Mixed

*Free Abdomen*

**SEX** Normal mesenteric lymph nodes (2 cm).

FS No ascites evident.

Age

**ULTRASONOGRAPHIC FINDINGS**

13 years

Primary Findings:

**WEIGHT**

12 #

- Jejunal foreign body.
- Nodular hepatopathy.
- Splenic nodule.
- Bilateral adrenomegaly.

**INTERPRETED BY**

Secondary Findings:

- Gall bladder sediment.

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

**IMAGING PERFORMED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Sonya Myers, DVM

The appearance of the GI tract is consistent with a foreign body obstruction.

**HOSPITAL NAME**

Etiologies for the liver would be nodular hyperplasia, chronic hepatitis, granulomatous disease, and infiltrative neoplasia.

Oviedo Veterinary Care and  
Emergency

Etiologies for the splenic nodule would be hyperplasia, hematoma, granuloma, abscess, and neoplasia.

**REFERRING VET**

Dr Cosgriff

Etiologies for the adrenal glands would be disease stress and pituitary-dependent Cushing's disease.

**INVOICE**

304104

Further assessment/therapy would be laparotomy, which will also allow for wedge biopsy of the liver and biopsy/excision of the splenic nodule. Once recovered from the surgery, adrenal function testing (ACTH stimulation/LDDS test) can be considered if there are compatible clinical and biochemical signs of Cushing's disease.

**DATE**

4/11/23



**PATIENT**

Roxy Morrison

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

FS

**Age**

13 years

**WEIGHT**

12 #

**IMAGES**

**Jejunum**



**INTERPRETED BY**

**Stomach**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**REFERRING VET**

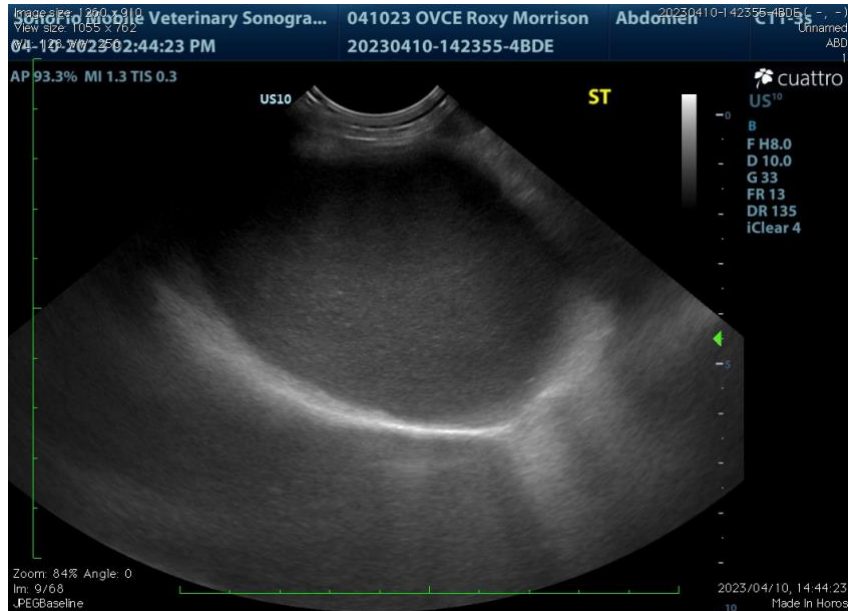
Dr Cosgriff

**INVOICE**

304104

**DATE**

4/11/23





**PATIENT** Spleen

Roxy Morrison

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

FS

**Age**

13 years

**WEIGHT**

12 #



**Liver**

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
 Emergency

**REFERRING VET**

Dr Cosgriff



**INVOICE**

304104

**DATE**

4/11/23

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)