


PATIENT PRESENTING CLINICAL SIGNS

PATIENT Simon Stephens
 History: Recently adopted with history of chronic hematuria. Treated with enrofloxacin. Poor body condition, diarrhea, dysphagia-like signs.

SPECIES Canine
 Physical Examination: Coughing, gagging/difficulty swallowing.

Urinalysis: N/A

BREED Pitbull Mix
 Fecal Analysis: Negative.

CBC: N/A.

Serum Biochemistry: N/A.

SEX MN
 Radiographic Findings: N/A.

Age 5 years
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT 58 #
 Full urinary bladder with a normal thickness and appearance of the wall. Small amount of dependent hyperechogenic sediment present. No uroliths evident.

Thickened proximal urethra (0.7 cm) but with normal echogenic appearance and regular contour.

INTERPRETED BY Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM
 Normal trigone area and iliac blood vessels.

Iliac lymphadenomegaly (0.8 x 2.5 cm) with normal shape and echogenic appearance. Ureters not visualized.

Normal renal size (left 7.2 cm, right 6.8 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

Small hypoechogenic prostate (1 cm).

Adrenal Glands

Normal position, echogenic appearance, shape, and size. Left 0.5/0.43 cm, right 0.57/0.36 cm.

Spleen

Normal size (1.7 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

VCA Clermont Animal Hospital

REFERRING VET

Dr Calzada

INVOICE

3034117

DATE

42/13/23


PATIENT *Gall bladder*

Simon Stephens Full containing normal anechoic bile. Normal thickness and appearance of the wall. Normal bile duct (0.3 cm).

SPECIES *Gastrointestinal*

Canine Thickened appearance of the stomach (0.58 cm), duodenum (0.66 cm) and small intestine (0.6 cm) with a prominent hypoechoic appearance of the submucosal layer but with no loss of layering or distension of the lumen. Normal thickness and appearance of the ileo-cecal junction and colon (0.21 cm).

BREED

Pitbull Mix

SEX

MN

Age

5 years

Pancreas

Normal size (right 1.3 cm, left 1.2 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Mesenteric lymphadenomegaly (0.7 x 2.5 cm) with normal shape and echogenic appearance. Small amount of ascites present.

WEIGHT

58 #

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Gastroenteropathy.
- Iliac and mesenteric lymphadenomegaly.
- Esophageal thickening.
- Urethral thickening.
- Ascites.

Secondary Findings:

- Urinary bladder sediment.

INTERPRETED BY

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

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastroenteropathy would be non-specific gastroenteritis (dietary indiscretion, toxins, viral), *Helicobacter* gastritis, ulcerative disease, parasitic enteritis, inflammatory bowel disease, dietary hypersensitivity, and granulomatous enteritis, with lymphoma an unlikely differential diagnosis.

Etiologies for the lymph nodes would be reactive, lymphadenitis, and infiltrative neoplasia.

Etiologies for the esophageal thickening would be esophagitis, previous trauma/foreign body, granulomatous disease, and neoplasia.

Etiologies for the urethra would be urethritis, granulomatous disease, and neoplasia.

The ascites can be ascribed to the lymphadenomegaly and GI tract disease.



PATIENT

Further assessment would be urinalysis, urine culture, cobalamin assay, contrast urethrogram and/or cystoscopy, and endoscopy of the upper GI tract with biopsies.

Simon Stephens

Specific therapy would be dependent on an etiological diagnosis.

SPECIES

Canine

IMAGES

BREED

Urethra

Pitbull Mix

SEX

MN

Age

5 years

WEIGHT

58 #

INTERPRETED BY

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



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Small intestine

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PATIENT Esophagus

Simon Stephens

SPECIES

Canine

BREED

Pitbull Mix

SEX

MN

Age

5 years

WEIGHT

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

IMAGING PERFORMED BY

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Mesenteric lymph node



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)
remo.lobetti@sonopath.com