


PATIENT PRESENTING CLINICAL SIGNS

Remington Jackson History: Vomiting, diarrhea, hyporexia to anorexia.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: Normal.

BREED Serum Biochemistry: N/A.

Doodle Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Male **Urinary System**

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

9 years Normal trigone area, proximal urethra (1 cm), and iliac blood vessels.

WEIGHT Normal iliac lymph nodes (2.1 cm). Ureters not visualized.

72 # Normal renal size (both 7.4 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

INTERPRETED BY **Reproductive System**

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

Prostamegaly (4.4 x 7 cm) with a diffuse hyperechogenic appearance and regular capsule. Normal appearance of the peri-prostatic tissue.

IMAGING PERFORMED BY Normal size and appearance of the testes.

Sonya Myers, DVM **Adrenal Glands**

HOSPITAL NAME Normal position, echogenic appearance, shape, and size. Left 0.66/0.46 cm, right 0.64 cm.

Oviedo Veterinary Care and
Emergency **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.

REFERRING VET Dr Lucignani

Liver

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

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Gall bladder

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

4/14/23


PATIENT
Gastrointestinal

Remington Jackson

Normal appearance of the small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (jejunum 0.4 cm, colon 0.3 cm) and peristalsis, and no distension of the lumen. Thickening of the stomach (0.61 cm) and duodenum (0.59 cm) with no loss of layering or distension of the lumen. Irregular hypoechoic duodenal mass (3 x 4.5 cm) with gas migration within the wall, no evidence of intestinal obstruction, and a hyperechogenic appearance of the surrounding mesentery.

SPECIES

Canine

BREED

Doodle

Pancreas

Normal size (right 1.1 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

Male

Free Abdomen
Age

9 years

Mesenteric (1 x 5 cm) and peri-gastric (1.6 cm) lymphadenomegaly with normal shape and echogenic appearance.

Hepatic lymphadenomegaly (2.1 x 4.3 cm) with hypoechoic and rounded shape. No ascites evident.

WEIGHT

72 #

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Duodenal mass.
- Lymphadenomegaly.
- Gastroenteropathy.

Secondary Findings:

- Benign prostatic hyperplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the duodenal mass would be neoplasia (lymphoma, carcinoma) with a granuloma a less likely differential diagnosis. With the gas in the wall and the hyperechogenic appearance of the surrounding mesentery, perforation needs to be considered.

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

Etiologies for the gastroenteropathy would be inflammatory bowel disease, ulcerative disease, granulomatous enteritis, parasitic enteritis, *Helicobacter* gastritis, dietary hypersensitivity, and lymphoma.

Further assessment would be fecal analysis, 3-view thoracic radiographs, and FNA cytology of the duodenal mass and lymph nodes. Laparotomy needs to be considered which could be both diagnostic and therapeutic, as well as allowing for full thickness biopsies of the stomach and duodenum, and castration.

Specific therapy would be a dependent on an etiological diagnosis.

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IMAGES

Duodenal mass





PATIENT Hepatic lymph node

Remington Jackson

SPECIES

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Mesenteric lymph node

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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