



PATIENT PRESENTING CLINICAL SIGNS

Chuy Clark
History: Hematuria.
Physical Examination: N/A.
SPECIES
Canine
Urinalysis: N/A.
CBC: N/A.
BREED
JRT
Serum Biochemistry: N/A.
Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN
Age
11 years
Full urinary bladder with a normal thickness and appearance of the wall. Small amount of floating hyperechogenic sediment present. No uroliths evident.
WEIGHT
23 #
Normal trigone area, proximal urethra (0.5 cm) and iliac blood vessels.
Iliac lymphadenomegaly (1.5 and 1.9 cm) with normal shape and echogenic appearance. Ureters not visualized.
INTERPRETED BY
Normal renal size (left 4.6 cm, right 4.9 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule.

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ECVIM

Reproductive System

Small hypoechogenic prostate (0.8 cm). Normal appearance of the penis and surrounding tissue.

IMAGING PERFORMED BY Adrenal Glands

Sonya Myers, DVM
Normal position, echogenic appearance, shape, and size. Left 0.56/0.48 cm, right 0.58 cm.

HOSPITAL NAME Spleen

Palm Coast Pet Clinic
Normal size (1.6 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes evident.

REFERRING VET Liver

Dr Sheffield
Normal size with increased echogenic and coarse appearance, some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident.

INVOICE Gall bladder

304081

DATE
4/5/23
Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.2 cm).



PATIENT *Gastrointestinal*

Chuy Clark Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.33 cm, duodenum 0.47 cm, jejunum 0.34 cm, colon 0.18 cm) and peristaltic activity, and no distension of the lumen. Segmental corrugated appearance of the jejunum.

SPECIES

Canine

Pancreas

BREED

JRT

Normal size (left 1.3 cm, right 1.1 cm), echogenic appearance, and regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

MN

Free Abdomen

Mesenteric lymphadenomegaly (0.6 x 1.6 cm) with normal shape and echogenic appearance. No ascites evident.

Age

11 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

WEIGHT

23 #

- Hepatopathy.
- Lymphadenomegaly.
- Enteritis?

INTERPRETED BY

Secondary Findings:

- Age-related renal changes.
- Urinary bladder sediment.

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IMAGING PERFORMED BY

Sonya Myers, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the liver would be reactive, vacuolar, metabolic, hyperplasia, chronic hepatitis, and infiltrative neoplasia.

HOSPITAL NAME

Palm Coast Pet Clinic

Etiologies for the lymph nodes would be reactive with lymphadenitis and infiltrative neoplasia, less likely differential diagnoses.

REFERRING VET

Dr Sheffield

Although the corrugated appearance of the jejunum may merely be an incidental finding, enteritis needs to be considered with possibly etiologies being dietary indiscretion, toxins, viral, bacterial, and parasitic.

INVOICE

304081

Further assessment would be urine and fecal analysis, urine culture, serum biochemistry, and FNA cytology of the liver.

Specific therapy would be dependent on an etiological diagnosis.

DATE

4/5/23



PATIENT IMAGES

Chuy Clark **Liver**

SPECIES

Canine

BREED

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Age

11 years

WEIGHT

23 #



Small intestine

INTERPRETED BY

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 ECVIM

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Palm Coast Pet Clinic

REFERRING VET

Dr Sheffield

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DATE

4/5/23





PATIENT

Iliac lymph node

Chuy Clark

SPECIES

Canine

BREED

JRT

SEX

MN

Age

11 years

WEIGHT

23 #



Mesenteric lymph node



INTERPRETED BY

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IMAGING PERFORMED BY

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HOSPITAL NAME

Palm Coast Pet Clinic

REFERRING VET

Dr Sheffield

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DATE

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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.

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