



**PATIENT PRESENTING CLINICAL SIGNS**

Ruby Benami History: Chronic intermittent diarrhea, weight loss.

**SPECIES** Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

**BREED** Serum Biochemistry: N/A.

Boxer Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

FS **Urinary System**

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

6 years Normal trigone, proximal urethra (0.5 cm) and iliac blood vessels.

**WEIGHT** Normal iliac lymph nodes (1.9 cm). Ureters not visualized.

70 # Normal renal size (left 7.2 cm, right 6.4 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**INTERPRETED BY** **Reproductive System**

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

**IMAGING PERFORMED BY** **Adrenal Glands**

Sonya Myers, DVM Normal position, echogenic appearance, shape, and size. Left 0.57/0.41 cm, right 0.65 cm.

**HOSPITAL NAME** **Spleen**

Oviedo Veterinary Care and Emergency Normal size (3.1 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

**REFERRING VET** **Liver**

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

**INVOICE** **Gall bladder**

304091 Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.3 cm).

**DATE**

4/7/23


**PATIENT** *Gastrointestinal*

Ruby Benami Normal appearance and thickness of the stomach, ileo-cecal junction and colon (0.22 cm). Thickening of the of the duodenum (0.61 cm) and small intestine (0.62 cm) with no loss of layering or distension of the lumen.

**SPECIES**

Canine *Pancreas*

Normal size (left 1.4 cm, right 1.8 cm) and echogenic appearance, Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**BREED**

Boxer *Free Abdomen*

**SEX** Normal mesenteric lymph nodes (2.6 cm).  
No ascites evident.

FS

**Age**

6 years

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Enteropathy.

**WEIGHT**

Secondary Findings:

70 #

- None.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the enteropathy would be parasitic enteritis, inflammatory bowel disease, granulomatous disease, and dietary hypersensitivity, with neoplasia a less likely differential diagnosis.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

Further assessment would be fecal analysis, cobalamin assay, and endoscopy of the upper GI tract with biopsies.

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be hypoallergenic/novel protein/hydrolyzed diet, course of fenbendazole, cobalamin supplementation, and possibly prednisolone.

**REFERRING VET**

Dr Adam

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**PATIENT**

Ruby Benami

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

FS

**Age**

6 years

**WEIGHT**

70 #

**IMAGES**

**Small intestine**



**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

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.

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)**  
[rlobetti@mweb.co.za](mailto:rlobetti@mweb.co.za)

**REFERRING VET**

Dr Adam

**INVOICE**

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**DATE**

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