



**PATIENT PRESENTING CLINICAL SIGNS**

Ruby Noad History: Cardiac arrhythmia on auscultation – sinus rhythm with runs of ventricular tachycardia on ECG.

**SPECIES**

Physical Examination: Resolving corneal ulcer, normal lung sounds.

Canine

Urinalysis: Pending.

**BREED**

CBC: Normal.

English Bulldog

Serum Biochemistry: Low-normal albumin.

Radiographic Findings: N/A.

**SEX**

FS

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE**

**Urinary System**

11 years

Full urinary bladder with a normal appearance and thickness (0.2 cm) of the wall. Normal anechoic urine with no sediment or uroliths evident.

**WEIGHT**

Normal trigone area, proximal urethra, and iliac blood vessels.

22.6 kg

Normal iliac lymph nodes. Ureters not visualized.

**INTERPRETED BY**

Normal renal size (left 5.4 cm, right 5.6 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Focal cortical cyst (0.4 cm) in the left kidney.

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

**Reproductive System**

**IMAGING PERFORMED BY**

N/A.

Dr Nigel Gumley

**Adrenal Glands**

**HOSPITAL NAME**

Left adrenal – normal shape, echogenic appearance, and position with normal size of the caudal pole (0.51 cm) and enlarged cranial pole (0.74 cm) with a small hyperechogenic nodule.

Cedarview Animal Hospital

Right adrenal – normal shape, echogenic appearance, position, and size (0.57/0.56 cm).

**Spleen**

**REFERRING VET**

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Dr Nigel Gumley

**INVOICE**

**Liver**

302993

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing normal echogenic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

**DATE**

5/26/22



**PATIENT** *Gastrointestinal*

Ruby Noad

**SPECIES**

Canine

**BREED**

English Bulldog

**SEX**

FS

**AGE**

11 years

**WEIGHT**

22.6 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Nigel Gumley

**HOSPITAL NAME**

Cedarview Animal  
Hospital

**REFERRING VET**

Dr Nigel Gumley

**INVOICE**

302993

**DATE**

5/26/22

Normal appearance of the small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (jejunum 0.41 cm, ileum 0.29 cm, colon 0.18 cm) and peristaltic activity, and no distension of the lumen. Thickening of the gastric wall (fundus 0.53 cm, pylorus 0.69 cm) with an increased echogenic appearance and some loss of layering. Thickening of the duodenum (0.76 cm) but with no loss of layering or distension of the lumen. Small amount fluid and gas within the stomach. Fecal material within the colon

**Pancreas**

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

No mesenteric lymphadenomegaly.  
No ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Gastric thickening.
- Enteropathy.
- Left adrenal nodule.

Secondary Findings:

- Age-related renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the stomach would be inflammatory bowel disease, ulcerative disease, granulomatous gastritis, *Helicobacter* gastritis, and neoplasia (lymphoma, carcinoma).

Etiologies for the duodenum would be inflammatory bowel disease, dietary hypersensitivity, parasitic enteritis, and emerging lymphoma.

Etiologies for the adrenal nodule would be incidental adenoma, emerging functional /non-functional carcinoma, and emerging pheochromocytoma.

Further assessment would be fecal analysis, FNA cytology of the gastric wall, and endoscopy of the upper GI tract with biopsies. Adrenal junction testing (ACTH stimulation/LDDS test, urine catecholamines, and blood pressure) can also be considered, especially if there are compatible clinical signs.

Specific therapy would be dependent on an etiological diagnosis.



**PATIENT**

Ruby Noad

**IMAGES**

**Stomach**

**SPECIES**

Canine

**BREED**

English Bulldog

**SEX**

FS

**AGE**

11 years

**WEIGHT**

22.6 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Nigel Gumley

**HOSPITAL NAME**

Cedarview Animal  
Hospital

**REFERRING VET**

Dr Nigel Gumley

**INVOICE**

302993

**DATE**

5/26/22





**PATIENT**

**Pylorus**

Ruby Noad

**SPECIES**

Canine

**BREED**

English Bulldog

**SEX**

FS

**AGE**

11 years

**WEIGHT**

22.6 kg



**INTERPRETED BY**

**Duodenum**

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

**IMAGING PERFORMED BY**

Dr Nigel Gumley

**HOSPITAL NAME**

Cedarview Animal  
Hospital

**REFERRING VET**

Dr Nigel Gumley

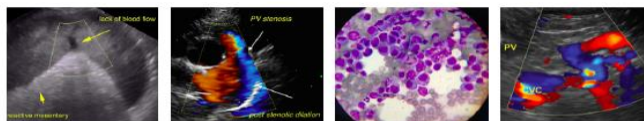
**INVOICE**

302993

**DATE**

5/26/22





**PATIENT** Left adrenal

Ruby Noad

**SPECIES**

Canine

**BREED**

English Bulldog

**SEX**

FS

**AGE**

11 years

**WEIGHT**

22.6 kg



**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.

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.

**IMAGING PERFORMED BY**

Dr Nigel Gumley

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

**HOSPITAL NAME**

Cedarview Animal  
Hospital

**REFERRING VET**

Dr Nigel Gumley

**INVOICE**

302993

**DATE**

5/26/22