


PATIENT PRESENTING CLINICAL SIGNS

Veronica Rodriguez History: DKA, pancreatitis, elevated liver enzymes, UTI.

SPECIES Physical Examination: Pendulous abdomen.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

Blood hound Radiographic Findings: N/A.

SEX

FS

AGE

6 years

WEIGHT

100 #

INTERPRETED BY

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

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

Full urinary bladder with a normal thickness and appearance of the wall. Small amount of floating hyperechogenic sediment. No uroliths evident.

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

Normal iliac lymph nodes (1.2 cm). Ureters not visualized.

Normal renal (left 8.9 cm, right 9.5 cm) with hyperechogenic appearance of the cortex, normal cortico-medullary differentiation and capsule, and bilateral pyelectasia (left 0.8 cm, right 0.7 cm).

Reproductive System

N/A.

IMAGING PERFORMED BY

Sonya Myers, DVM

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.54/0.5 cm, right 0.72/0.52 cm.

HOSPITAL NAME

Oviedo Veterinary Care
and Emergency

Spleen

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.

REFERRING VET

Dr Caja

Liver

Enlarged with rounded edges, diffuse hyperechogenic appearance, and loss of portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.3 cm).

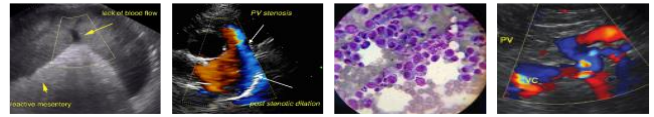
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Gastrointestinal
DATE

6/16/22

Normal appearance of the small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (jejunum 0.32 cm) and peristaltic activity and no distension of the lumen. Thickening of the stomach (0.67 cm) and duodenum (0.54 cm) with a hypoechogenic appearance of the submucosal layer but no loss of layering or distension of the lumen.



PATIENT *Pancreas*

Veronica Rodriguez

Normal size (right 1.6 cm, left 1.5 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine

Enlarged mesenteric lymph nodes (1 x 3.7 cm) with normal shape and echogenic appearance. No ascites.

BREED

Blood hound

ULTRASONOGRAPHIC FINDINGS

SEX

FS

Primary Findings:

- Renal disease.
- Hepatopathy.
- Gastro-enteropathy.
- Mesenteric lymphadenomegaly.

AGE

6 years

Secondary Findings:

- Urinary bladder sediment.

WEIGHT

100 #

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the renal disease would be pyelonephritis, bacterial nephritis, acute kidney injury, Leptospirosis, toxins.

Etiologies for the hepatopathy would be acute hepatitis (viral, bacterial, Leptospirosis, toxins), metabolic, reactive, and infiltrative neoplasia.

Etiologies for the gastro-enteropathy would be *Helicobacter* gastritis, ulcerative disease, inflammatory bowel disease, parasitic enteritis, dietary hypersensitivity, and emerging lymphoma.

The most likely etiology for the mesenteric lymph nodes would be reactive with lymphadenitis less likely and neoplasia, highly unlikely differential diagnoses.

Further assessment would be urine and fecal analysis, urine culture, *Leptospira* serology/PCR, FNA cytology of the liver and lymph nodes, and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

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PATIENT

Veronica Rodriguez

SPECIES

Canine

BREED

Blood hound

SEX

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IMAGES

Left kidney



Stomach





PATIENT

Duodenum

Veronica Rodriguez

SPECIES

Canine

BREED

Blood hound

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Liver

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PATIENT

Mesenteric lymph node

Veronica Rodriguez

SPECIES

Canine

BREED

Blood hound

SEX

FS

AGE

6 years

WEIGHT

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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.

IMAGING PERFORMED BY

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