


PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bogart Demasters History: Vomiting and aspiration pneumonia.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

Boxer Mix Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN **Urinary System**

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

8 years

WEIGHT Normal trigone, proximal urethra (0.6 cm), and iliac blood vessels.

80 # Normal iliac lymph nodes (2.5 cm). Ureters not visualized.

INTERPRETED BY Normal renal size (left 7.2 cm, right 6.9 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

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

Reproductive System

Small hypoechogenic prostate (1.3 cm).

IMAGING PERFORMED BY **Adrenal Glands**

Normal shape, echogenic appearance, and position but bilaterally enlarged. Left 0.85/0.66 cm, right 0.9/0.54 cm.

Sonya Myers, DVM

HOSPITAL NAME **Spleen**

Oviedo Veterinary Care and Emergency Normal size and echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

REFERRING VET **Liver**

Dr Caja Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).

INVOICE **Gastrointestinal**

303127

DATE Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.5 cm, jejunum 0.29 cm), and no distension of the lumen. Fluid filled stomach and proximal small intestine with minimal peristaltic activity.

7/15/22


PATIENT *Pancreas*

Bogart Demasters

Normal size (right 2 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine

Mesenteric lymphadenomegaly (0.5 x 5.2 cm) with normal shape and echogenic appearance. No ascites.

BREED

Boxer Mix

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Gastroenteropathy.
- Bilateral adrenomegaly.
- Mesenteric lymphadenomegaly.

SEX

MN

AGE

8 years

Secondary Findings:

- Urinary bladder sediment.

WEIGHT

80 #

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
INTERPRETED BY

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

The appearance of the upper GI tract is consistent with functional ileus as there is no obvious obstruction with the most likely etiology being non-specific gastroenteropathy – viral, bacterial protozoa, helminths, toxins, dietary indiscretion.

Etiologies for the adrenomegaly would be disease stress with emerging Cushing's disease a differential diagnosis.

IMAGING PERFORMED BY

Sonya Myers, DVM

The most likely etiology for the lymphadenomegaly would be reactive secondary the GI disease with lymphadenitis a differential diagnosis.

HOSPITAL NAME

Oviedo Veterinary Care
and Emergency

Further assessment would be urine and fecal analyses and once the GI disease and pneumonia has resolved adrenal function testing (ACTH stimulation/LDDS test) if there are compatible clinical signs of Cushing's disease.

REFERRING VET

Dr Caja

Management of the gastroenteropathy would be fluid therapy as needed, correction of electrolyte anomalies (if present), intestinal diet, anti-emetics, metoclopramide, and intestinal protectants/absorbents.

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PATIENT

Bogart Demasters

SPECIES

Canine

BREED

Boxer Mix

SEX

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AGE

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WEIGHT

80 #

IMAGES

Stomach



Small intestine



INTERPRETED BY

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IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

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 and Emergency

REFERRING VET

Dr Caja

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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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