



PATIENT

Mark Smith

SPECIES

Canine

BREED

Pointer

SEX

Male

AGE

6 years

WEIGHT

50.2 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Seth Mitchel, DVM

HOSPITAL NAME

Planet Pet Animal
Hospital

REFERRING VET

INVOICE

303151

DATE

7/27/22

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea, ascites. Treated for *Cryptosporidium*.

Physical Examination: N/A.

Urinalysis: N/A

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 6.2 cm, right 7.7 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

Normal size (3.4 cm) and appearance of the prostate and testes.

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.66 cm, right 0.77 cm.

Spleen

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

Liver

Normal size, echogenic appearance, portal markings, and curvilinear capsule. 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.



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Gastrointestinal

Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen. Thickening of the duodenum and small intestine (0.5 cm) with diffuse mucosal stippling but no loss of layering or distension of the lumen.

Pancreas

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

Free Abdomen

No mesenteric lymphadenomegaly.
Acellular ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Enteropathy.
- Ascites.

Secondary findings:

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be primary lymphangectasia, inflammatory bowel disease, dietary hypersensitivity, and parasitic enteritis, with lymphoma an unlikely differential diagnosis.

The ascites can be ascribed to the enteropathy and hypoalbuminemia.

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

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be low-fat intestinal diet, course of fenbendazole and/or metronidazole, cobalamin supplementation, and prednisolone.



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IMAGES

Small intestine



Ascites



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.

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