


PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Ice Cube Villanueva
History: Distended abdomen, anorexia, vomiting.

SPECIES
Physical Examination: Purulent ascites.

Canine
Urinalysis: N/A.

CBC: Neutropenia.

BREED
Serum Biochemistry: Hypoglycemia.

Mixed breed
Radiographic Findings: N/A.

SEX

MN

AGE

6 years

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.

WEIGHT
Normal trigone area, proximal urethra (0.8 cm), and iliac blood vessels.

81 #
Iliac lymphadenomegaly (left 1 x 3.4 cm, right 0.6 x 2.5 cm) with normal shape and echogenic appearance. Ureters not visualized.

INTERPRETED BY

Normal renal size (left 8.5 cm, right 8.2 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

Small hypoechogenic prostate (1.2 cm).

Adrenal Glands

Normal shape, echogenic appearance, and position. Normal size of the left gland (0.49/0.51 cm), enlarged right gland (0.85/0.8 cm).

Spleen

Normal size (1.6 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.32 cm).

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

REFERRING VET

Dr Megaly

INVOICE

303156

DATE

7/29/22


PATIENT *Gastrointestinal*

Ice Cube Villanueva

Thickened (0.85 cm) and irregular appearance of the stomach with pockets of gas within the wall but with no loss of layering. Normal thickness of the duodenum (0.41 cm) and small intestine (0.3 cm) with no loss of layering or distension of the lumen and normal peristalsis. Severe diffuse corrugation of the duodenum and segmentally corrugation of the jejunum. Normal appearance of ileo-cecal junction and colon with no loss of layering and normal wall thickness.

SPECIES

Canine

BREED
Pancreas

Mixed breed

Normal size and (1.5 cm) and echogenic appearance. Regular curvilinear capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX
Free Abdomen

MN

Mesenteric lymphadenomegaly (0.7 x 1.9 cm) with normal shape and echogenic appearance. Large amount of cellular ascites.

AGE

Free gas within the abdominal cavity.

6 years

Hyperechogenic appearance of the mesentery.

WEIGHT
ULTRASONOGRAPHIC FINDINGS

81 #

Primary Findings:

- Gastric perforation.
- Mesenteric inflammation.
- Ascites.
- Iliac and mesenteric lymphadenomegaly.

Secondary Findings:

- Right adrenomegaly.
- Small intestinal corrugation.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the appearance of the stomach, mesentery, and cellular ascites, the most likely diagnosis would be gastric perforation with secondary septic peritonitis.

The corrugation of the small intestine and lymphadenomegaly can be ascribed to the peritonitis.

Although the right adrenomegaly is most likely from disease stress, emerging Cushing's disease needs to be considered.

INVOICE

Further/therapy assessment would be laparotomy.

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PATIENT **IMAGES**
 Ice Cube Villanueva **Stomach**

SPECIES

Canine

BREED

Mixed breed

SEX

MN

AGE

6 years

WEIGHT

81 #

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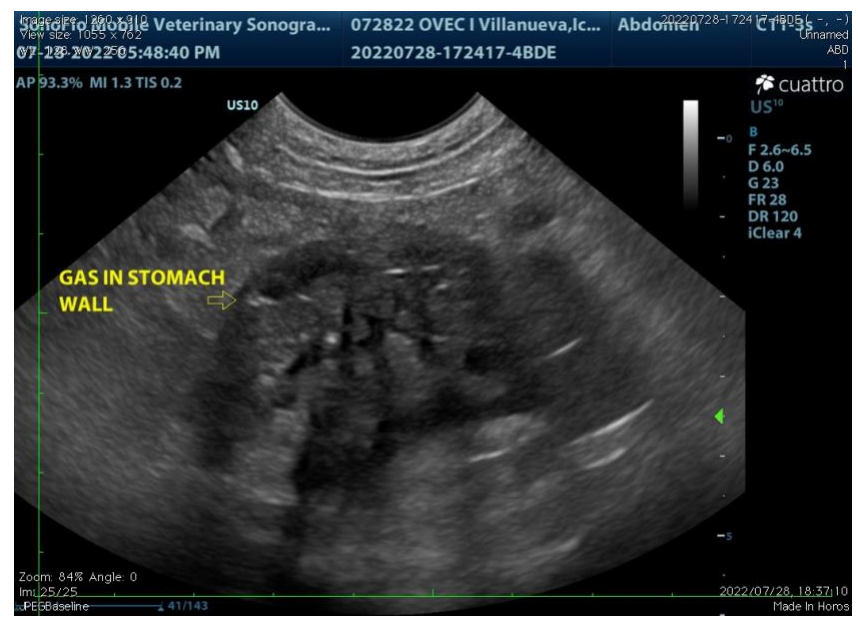
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PATIENT

Duodenum

Ice Cube Villanueva

SPECIES

Canine

BREED

Mixed breed

SEX

MN

AGE

6 years

WEIGHT

81 #



Ascites/mesentery

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PATIENT Abdomen

Ice Cube Villanueva

SPECIES

Canine

BREED

Mixed breed

SEX

MN

AGE

6 years

WEIGHT

81 #



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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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