



PATIENT PRESENTING CLINICAL SIGNS

Dandy Belgram History: Icterus.
Physical Examination: N/A.
SPECIES Urinalysis: N/A.
Canine CBC: Anemia, thrombocytopenia.
BREED Serum Biochemistry: Elevated liver enzyme activity.
Mixed breed Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS **Urinary System**

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

WEIGHT Normal trigone area, proximal urethra (0.5 cm), and iliac blood vessels.
45 #

Normal iliac lymph nodes (1.1 cm). Ureters not visualized.

Normal renal size (left 6.6 cm, right 6.7 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

INTERPRETED BY **Reproductive System**

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

Adrenal Glands

IMAGING PERFORMED BY Normal shape, echogenic appearance, and position. Normal size of the right gland (0.46/0.53 cm), enlarged left gland (0.55/0.67 cm).
Sonya Myers, DVM

HOSPITAL NAME **Spleen**

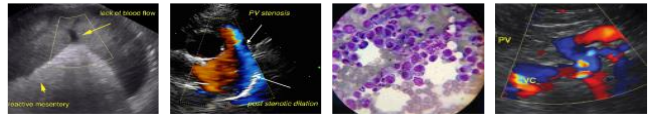
Oviedo Veterinary Care and Emergency Enlarged (3 cm) with a diffuse mottled and coarse echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

REFERRING VET **Liver**

Dr Caja Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing moderate amount of hyperechogenic sediment. Thickened (0.2 cm) and hyperechogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

INVOICE **Gastrointestinal**

303099
DATE Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.45 cm, jejunum 0.39 cm, colon 0.23 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the gastric wall at the pylorus (up to 0.83 cm) but with no loss of layering.
7/6/22


PATIENT *Pancreas*

Dandy Belgram

Normal size (right 1.1 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine

Mesenteric lymphadenomegaly (0.8 x 2.8 cm) with normal shape and echogenic appearance. Small amount of ascites.

BREED

Mixed breed

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

SEX

FS

AGE

5 years

- Splenomegaly.
- Gastric thickening.
- Left adrenomegaly.
- Cholecystitis.
- Mesenteric lymphadenomegaly.

Secondary Findings:

WEIGHT

45 #

- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
INTERPRETED BY

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

Etiologies for the splenomegaly would be reactive, hyperplasia, splenitis, and infiltrative neoplasia.

Etiologies for the gastric thickening would be focal gastritis, *Helicobacter* gastritis, ulcerative disease, granulomatous reaction, and emerging neoplasia.

Etiologies for the left adrenal would be disease stress and emerging Cushing's disease.

IMAGING PERFORMED BY

Sonya Myers, DVM

Etiologies for the lymph nodes would be reactive, hyperplasia, lymphadenitis, and infiltrative neoplasia.

HOSPITAL NAME

 Oviedo Veterinary Care and
 Emergency

With the anemia, thrombocytopenia, and icterus an important diagnosis would be immune-hemolytic anemia.

REFERRING VET

Dr Caja

Further assessment would be Coombs'/in-saline-agglutination test, FNA cytology of the spleen and lymph nodes, and possibly adrenal function testing (ACTH stimulation/LDDS test) and gastroscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management of the gall bladder and stomach would be gastric protectants and ursodiol.

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IMAGES

Spleen



Stomach





PATIENT

Gall bladder

Dandy Belgram

SPECIES

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SEX

FS

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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.

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