


**PATIENT PRESENTING CLINICAL SIGNS**

Paisley Lynch

History: Vomiting.

**SPECIES**

Canine

Physical Examination: Pre-scapular lymphadenomegaly.

Urinalysis: N/A.

**BREED**

Doodle

CBC: N/A.

Serum Biochemistry: Hypercalcemia.

Radiographic Findings: N/A.

**SEX**

FS

**AGE**

9 years

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**Urinary System**

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

**WEIGHT**

Normal trigone, proximal urethra (0.5 cm), and iliac blood vessels.

Enlarged iliac lymph nodes (1.3 x 4.6 cm) with rounded shape and hypoechogenic appearance. Ureters not visualized.

**INTERPRETED BY**

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

Normal renal size (left 7.3 cm, right 6.9 cm), echogenic appearance, cortico-medullary differentiation, pelvis. and capsule.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position. Left 0.49/0.38 cm, right 0.39/0.43 cm.

**Spleen**

Normal size with a mottled echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**Liver**

Normal size, echogenic appearance, and 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).

**Gastrointestinal**

Normal appearance of the stomach, duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (stomach 0.41 cm, duodenum 0.43 cm). and peristaltic activity, and no distension of the lumen. Thickening of the colon (0.36 cm) with no loss of layering.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

 Lake Emma Animal  
 Hospital

**REFERRING VET**

Dr Lesmes

**INVOICE**

303114

**DATE**

7/9/22


**PATIENT** *Pancreas*

Paisley Lynch Normal size (right 1.7 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Canine Enlarged mesenteric lymph nodes (up to 2.4 x 7.3 cm) with an irregular shape normal shape and mottled echogenic appearance.

**BREED** No ascites.

Doodle **ULTRASONOGRAPHIC FINDINGS**

**SEX** Primary Findings:

- FS
- Mesenteric and iliac lymphadenopathy.
  - Splenic pathology.
  - Colitis.

**AGE** 9 years Secondary Findings:

- Urinary bladder sediment.

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

With the appearance of the lymph nodes, spleen, pre-scapular lymphadenomegaly and hypercalcemia, the most likely diagnosis would be lymphoma with granulomatous disease an unlikely differential diagnosis

Etiologies for the colitis would be parasitic, granulomatous colitis, inflammatory bowel disease, dietary hypersensitivity, and lymphoma.

Further assessment would be FNA cytology of the lymph nodes – pre-scapular would be the most accessible.

Specific therapy would be dependent on an etiological diagnosis

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**PATIENT**

Paisley Lynch

**SPECIES**

Canine

**BREED**

Doodle

**SEX**

FS

**AGE**

9 years

**WEIGHT**

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**IMAGES**

**Spleen**



**Iliac lymph node**





**PATIENT**

**Mesenteric lymph node**

Paisley Lynch

**SPECIES**

Canine

**BREED**

Doodle

**SEX**

FS

**AGE**

9 years

**WEIGHT**



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

**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.**

**IMAGING PERFORMED BY**

Sonya Myers, DVM

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.

**HOSPITAL NAME**

Lake Emma Animal Hospital

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