



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Lou Tomashiro  
**HISTORY:** Acute vomiting.  
**PHYSICAL EXAMINATION:** N/A.  
**SPECIES**  
Canine  
**URINALYSIS:** N/A.  
**CBC:** N/A.  
**BREED**  
Corgi  
**SERUM BIOCHEMISTRY:** N/A.  
**RADIOGRAPHIC FINDINGS:** N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Intact Female

**Age**

3 months

**WEIGHT**

12 #

**Urinary System**

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

Normal trigone area, proximal urethra (0.3 cm), and iliac blood vessels.

Iliac lymphadenomegaly (0.8 x 1.9 cm) with normal shape and echogenic appearance. Ureters not visualized.

Normal renal size (left 4.6 cm right 4.9 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**Reproductive System**

Normal appearance and size of the uterus (0.3 cm) and ovaries (left 0.9 cm, right 1.2 cm).

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position. Left 0.37/0.35 cm, right 0.39/0.29 cm.

**Spleen**

Normal size 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. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**REFERRING VET**

Dr Rivera

**INVOICE**

303196

**DATE**

8/12/22



**PATIENT**

***Gastrointestinal***

Lou Tomashiro

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.33 cm, jejunum 0.22 cm, colon 0.13 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the stomach (up to 0.76 cm) with no loss of layering or distension of the lumen. Hyperechogenic appearance of the mesentery surrounding the stomach.

**SPECIES**

Canine

**BREED**

Corgi

***Pancreas***

Normal size (right 0.9 cm, left 1.4 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SEX**

Intact Female

***Free Abdomen***

Mesenteric lymphadenomegaly (0.8 x 2.8 cm) with normal shape and echogenic appearance. No ascites.

**Age**

3 months

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

12 #

Primary Findings:

- Gastropathy.
- Lymphadenomegaly.

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Secondary Findings:

- Urinary bladder sediment.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the gastropathy would be non-specific gastritis – viral, bacterial, helminths, toxins, dietary indiscretion.

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The most likely etiologies for the lymph nodes would be reactive and age-related with lymphadenitis, a differential diagnosis.

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Further assessment would be fecal and urine analysis.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be feeding an intestinal diet, antiemetics, and a course of fenbendazole.

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**PATIENT IMAGES**

Lou Tomashiro

**Urinary bladder**

**SPECIES**

Canine

**BREED**

Corgi

**SEX**

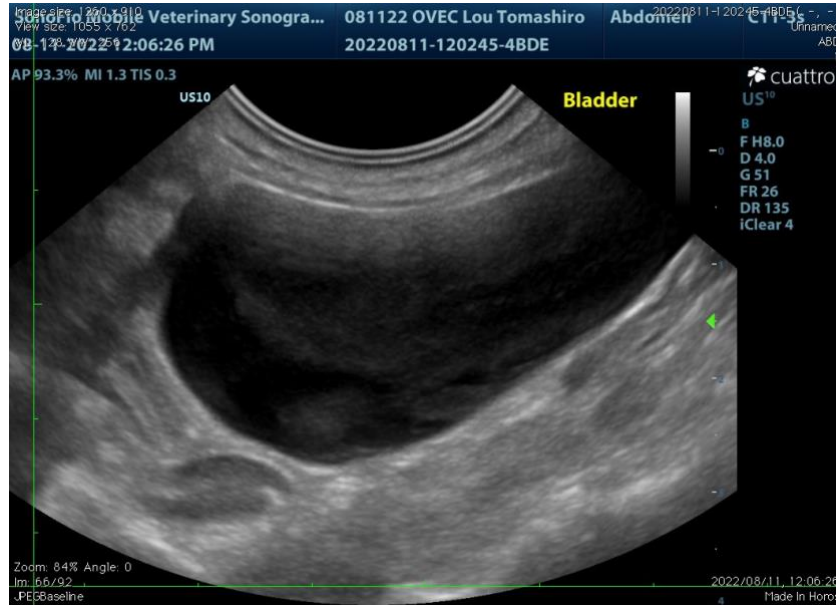
Intact Female

**Age**

3 months

**WEIGHT**

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**Mesenteric lymph nodes**

**IMAGING PERFORMED BY**

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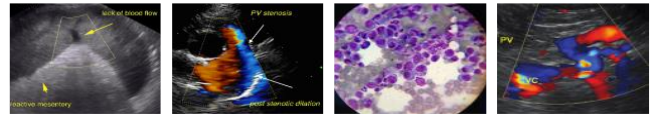
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**PATIENT Stomach**

Lou Tomashiro

**SPECIES**

Canine

**BREED**

Corgi

**SEX**

Intact Female

**Age**

3 months

**WEIGHT**

12 #



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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.

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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