


PATIENT PRESENTING CLINICAL SIGNS

Colby Thomas

History: Seizures.

SPECIES

Canine

Physical Examination: N/A.

Urinalysis: N/A.

BREED

Mixed

CBC: Mild neutrophilia.

Serum Biochemistry: Elevated liver enzyme activity and bilirubin.

Radiographic Findings: N/A.

SEX

MN

Age

11 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

Small urinary bladder with an irregular appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

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

WEIGHT

41 #

Normal iliac lymph nodes (1 cm). Ureters not visualized.

Normal renal size (left 5.4 cm right 6.4 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule. Normal left pelvis, right pyelectasia (0.4 cm).

INTERPRETED BY

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

Reproductive System

Small hypoechogenic prostate (1 cm).

IMAGING PERFORMED BY

Sonya Myers, DVM

Adrenal Glands

Normal shape, echogenic appearance, and position. Normal size of the right gland (0.59/0.57 cm), enlarged left gland (0.82/0.74 cm).

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Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Focal mottled echogenic cavitary parenchymal vascularized cavitary mass (2 x 2.6 cm) with bulging of the overlying capsule. Incidental myelolipomas.

REFERRING VET

Dr Caja

Liver

Normal size, echogenic appearance, portal marking and regular curvilinear capsule. Multiple mottled echogenic to hyperechogenic nodules/masses up to 2.3 x 3.6 cm in size. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).

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DATE

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PATIENT
Gastrointestinal

Colby Thomas

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. Segmental thickening of the duodenum (0.57 cm) and small intestine (0.64 cm) with no loss of layering or distension of the lumen.

SPECIES

Canine

Pancreas
BREED

Mixed

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

Free Abdomen
SEX

Normal mesenteric lymph nodes (0.4 x 1.9 cm).

MN

No ascites.

Age

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

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- Enteropathy.
- Hepatic masses.
- Splenic nodule.
- Left adrenomegaly.

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MMedVet (Med), PhD,
Dipl. ECVIM

Secondary Findings:

- Age-related renal changes.
- Cystitis?
- Gall bladder sediment.

IMAGING PERFORMED BY

Sonya Myers, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be inflammatory bowel disease, dietary hypersensitivity, and parasitic enteritis.

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Etiologies for the hepatic masses would be granulomas, nodular regeneration, organized hematomas, and neoplasia.

Etiologies for the splenic nodule would be hematoma, abscess, granuloma, and neoplasia

REFERRING VET

Dr Caja

The left adrenomegaly is most likely an incidental disease-stress related finding.

Although the renal changes may merely be age-related with the pyelectasia, chronic kidney disease, pyelonephritis, and bacterial nephritis needs to be considered. Similar, the appearance of the urinary bladder wall may be merely be artifactual as it is fairly void of urine.

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Although the abdominal changes (liver masses, splenic nodule) may be the cause of the seizures, intra-cranial disease needs to be considered.

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Further assessment would be urine and fecal analysis, 3-view thoracic radiographs, neurological exam, urine culture, and FNA cytology of the splenic nodule.

Specific therapy would be dependent on an etiological diagnosis.



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IMAGES

Urinary bladder



Spleen



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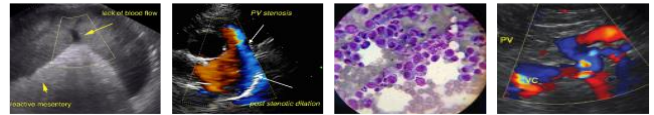
Dr Caja

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PATIENT

Small intestine

Colby Thomas

SPECIES

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SEX

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Liver



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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