

**PATIENT PRESENTING CLINICAL SIGNS**

Noel Vinci History: Vomiting, weight loss, Suspect foreign body.

**SPECIES** Physical Examination: N/A.

Canine Urinalysis: N/A.

**BREED** CBC: N/A.

Maltese Serum Biochemistry: N/A.

Radiographic Findings: Normal thorax and abdomen.

**SEX**

FS

**AGE**

9 years

**WEIGHT**

6.6 #

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Denise Bruno LVT, RDMS

**HOSPITAL NAME**

Farview Animal Clinic

**REFERRING VET**

Dr Mosaad

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**DATE**

8/8/22

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.6 cm, right 4.1 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal blood flow, pelvis, and capsule. Bilateral cortical infarcts and mineralization.

**Reproductive System**

N/A.

**Adrenal Glands**

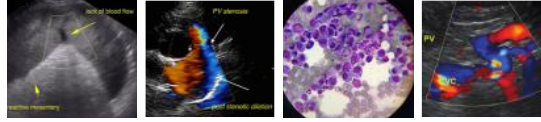
Normal shape, echogenic appearance, position, and size. Left 1.4 x 0.43/0.55 cm, right 1.38 x 0.34/0.3 cm.

**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 with increased echogenic appearance, some loss of portal markings, and regular curvilinear capsule. Faint small hypoechoic parenchymal nodules within the left lobe. No masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.



**PATIENT** *Gastrointestinal*

Noel Vinci Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (small intestine 0.42 cm) and peristalsis, and no distension of the lumen. Progressive thickening of the pyloric wall leading to an irregular mural poorly vascularized hyperechogenic mass (1.9 x 2.4 cm/1.7 x 3.5 cm). FNA taken.

**SPECIES**

Canine

*Pancreas*

**BREED**

Maltese

Normal size and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

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No mesenteric lymphadenomegaly.

**AGE**

9 years

Gastric lymphadenomegaly (0.8 x 1.3 cm) with a rounded shape but normal echogenic appearance.  
No ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Gastric mass.
- Gastric lymphadenomegaly.
- Nodular hepatopathy.

Secondary findings:

- Age-related renal disease.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the gastric mass would be neoplasia (lymphoma, carcinoma, sarcoma) with granulomatous disease a less likely differential diagnosis.

Etiologies for the gastric lymph node would be reactive, lymphadenitis, and infiltrative neoplasia.

Etiologies for the nodular hepatopathy would be reactive, hyperplasia, vacuolar, nodular regeneration, abscessation, granulomatous reaction, and infiltrative neoplasia.

Further assessment needs to be based on the results of the pending cytology, but could include serum biochemistry, FNA cytology the liver and lymph node, and gastroscopy with biopsies.

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Specific therapy would be dependent on an etiological diagnosis. Resection of the mass does not appear feasible. If surgery is being contemplated, then CT scan should be considered.

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**PATIENT IMAGES**

Noel Vinci **Stomach**

**SPECIES**

Canine

**BREED**

Maltese

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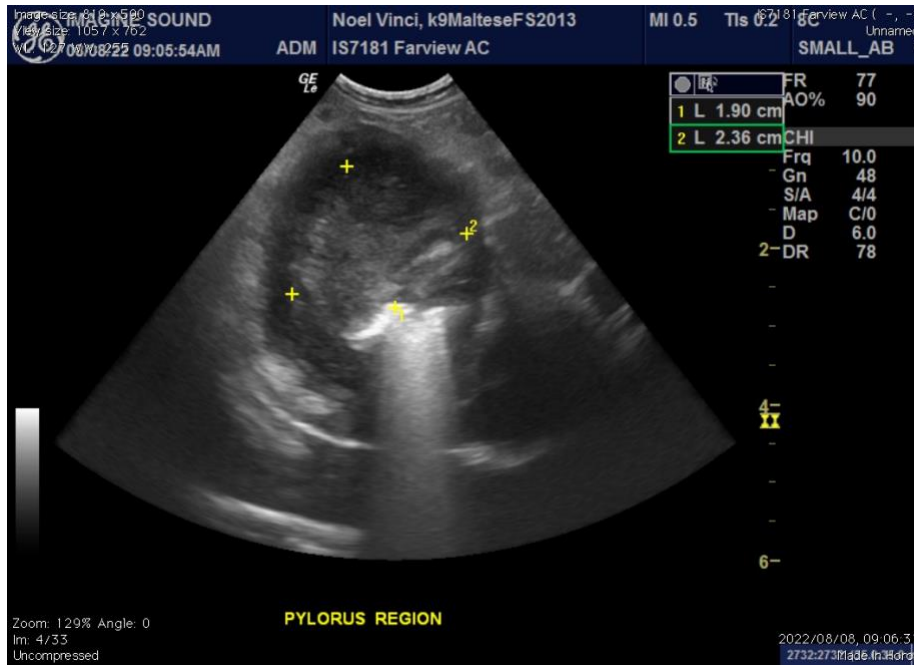
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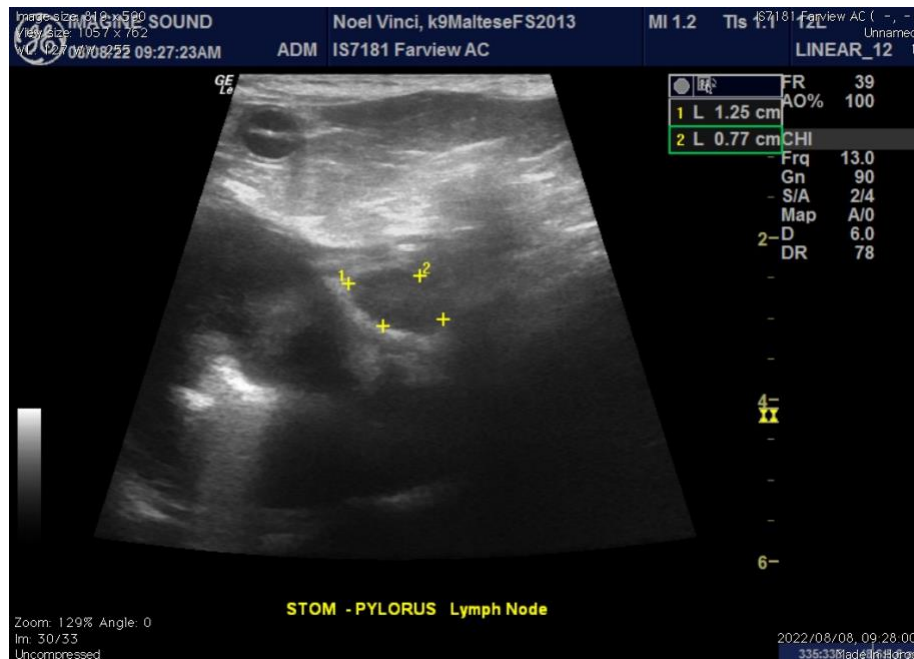
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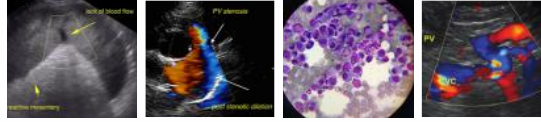
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**Stomach/lymph node**





**PATIENT** Liver

Noel Vinci

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

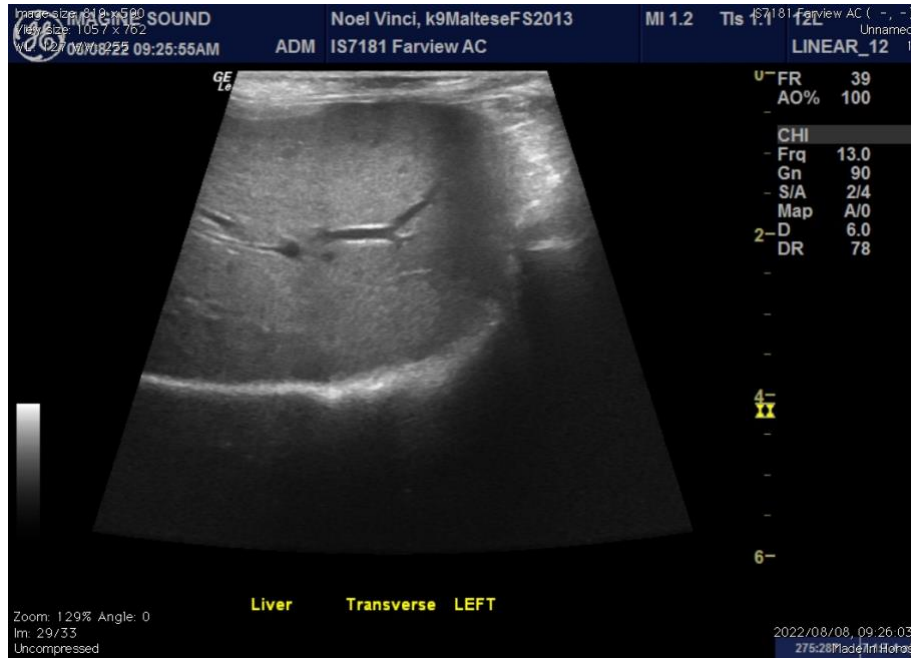
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Denise Bruno LVT, RDMS

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**

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