


**PATIENT PRESENTING CLINICAL SIGNS**

Jojo Shultis History: Anorexia, vomiting, diarrhea.

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

Canine Urinalysis: N/A.

CBC: Leukocytosis

**BREED** Serum Biochemistry: Mildly elevated bilirubin.

Dogo Argentino Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Intact Male **Urinary System**

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

2 years Normal trigone area, proximal urethra (0.8 cm), and iliac blood vessels.

**WEIGHT** Iliac lymphadenomegaly (0.7 x 1.7 cm) with normal shape and echogenic appearance. Ureters not visualized.

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**INTERPRETED BY** Mild renomegaly (left 8.6 cm right 8.7 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

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**Reproductive System**

Normal size (6.1 cm) and appearance of the prostate. Normal appearance of the testes. Right testicle 4.4 cm in size, left testicle intra-abdominally and smaller (2.1 cm).

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Left 0.62/0.67 cm, right 0.6/0.84 cm.

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**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.

**REFERRING VET**

Dr Caja

**Liver**

**INVOICE** Enlarged with rounded edges, diffuse hyperechogenic appearance, some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.3 cm).

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**DATE**

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**PATIENT** *Gastrointestinal*

Jojo Shultis Thickening of the stomach (0.7 cm), duodenum (0.54 cm), small intestine (0.48 cm), and colon (0.44 cm) with no loss of layering, normal peristaltic activity, and no distension of the lumen. Fluid and gas within the stomach. Fecal material/fluid within the colon.

**SPECIES**

Canine

*Pancreas*

Normal size (right 0.8 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**BREED**

Dogo Argentino

*Free Abdomen*

Mesenteric lymphadenomegaly (0.7 x 4 cm) with normal shape and echogenic appearance. No ascites.

**SEX**

Intact Male

Hyperechogenic appearance of the cranial mesentery.

**Age**

2 years

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

**WEIGHT**

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- Gastroenteropathy.
- Hepatopathy.
- Renal disease.
- Mesenteric lymphadenomegaly.

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Secondary Findings:

- Gall bladder sediment.
- Unilateral cryptorchid.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

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Emergency

**REFERRING VET**

Dr Caja

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the gastroenteropathy would be non-specific (viral, bacterial, parasites, dietary indiscretion, toxins), inflammatory bowel disease, and dietary hypersensitivity. This could also account for the mesenteric inflammation.

Etiologies for the hepatopathy would be reactive, vacuolar, Leptospirosis, acute hepatitis (viral, bacterial, toxins), and infiltrative neoplasia.

Etiologies for the renal disease would be acute kidney injury, Leptospirosis, and bacterial nephritis.

Etiologies for the lymph nodes would be reactive and lymphadenitis with infiltrative neoplasia an unlikely differential diagnosis.

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Further assessment would be urine and fecal analysis, *Leptospira* serology/PCR, and FNA cytology of the liver.

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Specific therapy would be dependent on an etiological diagnosis.



**PATIENT**

Jojo Shultis

**SPECIES**

Canine

**BREED**

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**SEX**

Intact Male

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2 years

**WEIGHT**

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**IMAGES**

**Stomach**



**Mesenteric lymph node**





**PATIENT** Liver

Jojo Shultis

**SPECIES**

Canine

**BREED**

Dogo Argentino

**SEX**

Intact Male

**Age**

2 years

**WEIGHT**

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**HOSPITAL NAME**

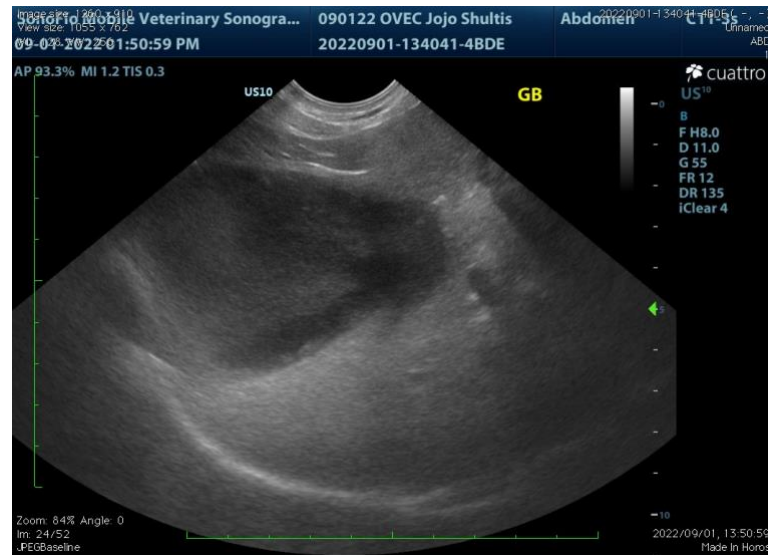
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Dr Caja



**Gall bladder**



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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)**  
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