



**PATIENT PRESENTING CLINICAL SIGNS**

Zoey May History: Recurrent episodes of vomiting, inappetence, and lethargy past few weeks.

**SPECIES** Physical Examination: N/A

Canine Urinalysis: N/A.

CBC: N/A.

**BREED** Serum Biochemistry: N/A.

Cocker spaniel Mix Radiographic Findings: N/A.

**SEX**

FS

**Age**

12 years

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

**WEIGHT** Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels.

Normal iliac lymph nodes (1.5 cm). Ureters not visualized.

Normal renal size (left 4.4 cm, right 4.5 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**INTERPRETED BY**

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

**Reproductive System**

N/A.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Left 0.57/0.56 cm, right 0.6/0.75 cm.

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**Spleen**

Normal size (1.5 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Focal isoechogenic solid round parenchymal mass (2.6 x 2.9 cm) in the head of the spleen. Focal mottled echogenic parenchymal nodule in the body of the spleen with bulging of the overlying capsule.

**REFERRING VET**

Dr McIntosh

**Liver**

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

**INVOICE**

303426

**DATE**

9/22/22


**PATIENT** *Gastrointestinal*

Zoey May

**SPECIES**

Canine

**BREED**

Cocker spaniel Mix

**SEX**

FS

**Age**

12 years

Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.34 cm, duodenum 0.28 cm, colon 0.15 cm) and peristaltic activity, and no distension of the lumen. Focal irregular hypoechoic jejunal mass (2.3 x 2.6 cm) with distension of the intestine proximal to the mass (3.9 cm), empty intestinal loops distal to the mass, and hyperechoic appearance of the surrounding mesentery. Normal appearance of the rest of the small intestine. Ingesta and gas within the stomach.

*Pancreas*

Normal size (right 0.9 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

*Free Abdomen*

Mesenteric lymphadenomegaly (0.7 x 1.2 cm) with a rounded and hypoechoic appearance. Ascites.

Small amount pleural effusion.

**WEIGHT**
**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Obstructive jejunal mass.
- Splenic mass and nodule.
- Mesenteric lymphadenomegaly.
- Ascites/pleural effusion.

Secondary Findings:

- Gall bladder sediment.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the jejunal mass would be neoplasia with a high probability of metastasis – splenic nodules, mesenteric lymphadenomegaly, and bicavitary effusion.

Further assessment would be 3-view thoracic radiographs, FNA cytology of the jejunal and splenic masses and lymph nodes, and analysis of the ascites and, if possible the pleural effusion.

Specific therapy would be dependent on an etiological diagnosis. Laparotomy should be considered, which could be both diagnostic and therapeutic.



**PATIENT**

Zoey May

**SPECIES**

Canine

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**SEX**

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**WEIGHT**

**IMAGES**

**Jejunum**



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**PATIENT** Spleen

Zoey May

**SPECIES**

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**PATIENT**

**Mesenteric lymph node**

Zoey May

**SPECIES**

Canine

**BREED**

Cocker spaniel Mix

**SEX**

FS

**Age**

12 years

**WEIGHT**



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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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