PATIENT

Duke Lanier

SPECIES

Canine

BREED

Yorkie

SEX

Intact Male

AGE

11 Months

WEIGHT

11.2 pounds

INTERPRETED BY

Remo Lobetti BVSc, MMedVet, PhD, DECVIM

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Clinic Madison Mayodan

REFERRING VET

Dr. McKinlay

INVOICE

12401

DATE

11/21/25

PRESENTING CLINICAL SIGNS

P presented for US due to a history of chronic vomiting. P has been tried on EN diet and boiled chicken and rice. P does best on chicken and rice but still vomits even with Cerenia on board. When owner dropped off this morning, he stated P had not vomited in 4 days but while at hospital P was burping.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident. Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Prominent appearance of the iliac lymph nodes measuring 0.50 cm x 0.90 cm in size with a hypoechogenic appearance and a rounded shape. Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 4.1 cm in length. The right kidney measured 3.7 cm in length. Normal color flow pattern was evident in both kidneys.

Normal size and appearance of the prostate measuring 1.5 cm x 1.9 cm in size with a regular curvilinear capsule and a normal appearance of periprostatic tissue. Normal size and appearance of both testicles. The left measured 2.4 cm in length. The right measured 2.3 cm in length.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 1.44 cm in length x 0.34 cm and 0.29 cm in width. The right adrenal gland measured 0.87 cm in length x 0.38 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.5 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

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Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A moderate amount of ingesta was present within the stomach.

Pancreas

Visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Prominent appearance of the mesenteric lymph nodes measuring up to 0.50 cm x 0.90 cm in size with a hypoechogenic appearance and a rounded shape.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Mild intra-abdominal lymphadenomegaly.
- Ingesta filled stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the lymphadenomegaly would be age-related reactive hyperplasia with lymphadenitis and infiltrative neoplasia high unlikely differential diagnoses. Although the ingesta filled stomach may nearly be secondary to a recent meal, underlying gastric hypomotility needs to be considered. Although the GI tract appears ultrasonographically normal with the presenting clinical signs, an underlying gastroenteropathy such as parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease should still be considered. Chronic gastritis and helicobacter gastritis would be differential diagnoses.

Further assessment would be fecal analysis, cobalamin and folate assay, FNA cytology of the iliac and mesenteric lymph nodes and endoscopy of the upper GI tract with biopsies. Specific therapy would be dependent on an etiological diagnosis. Initial symptomatic management that could be considered would be feeding small frequent meals of a novel protein/hypoallergenic diet, coarse of Fenbendazole and cobalamin supplementation. If there is not a satisfactory improvement, then triple therapy for helicobacter gastritis would then be indicated and if there is still not a satisfactory improvement, then a coarse of Prednisolone should then be considered.

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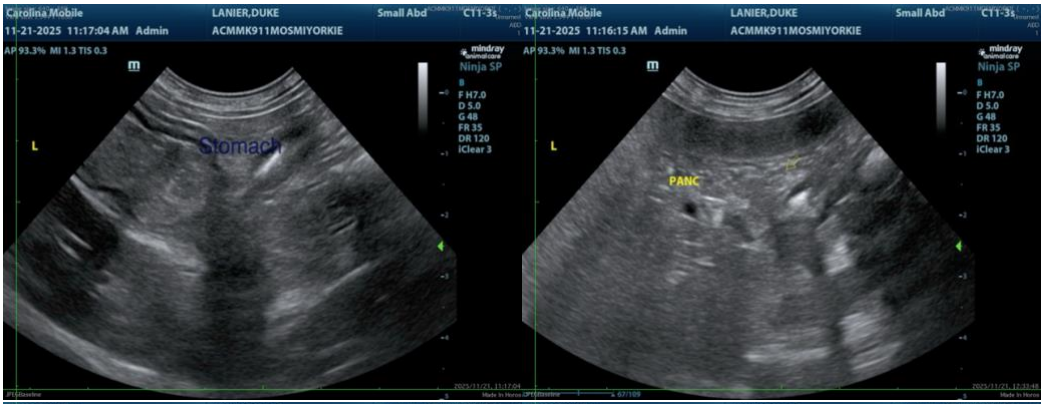

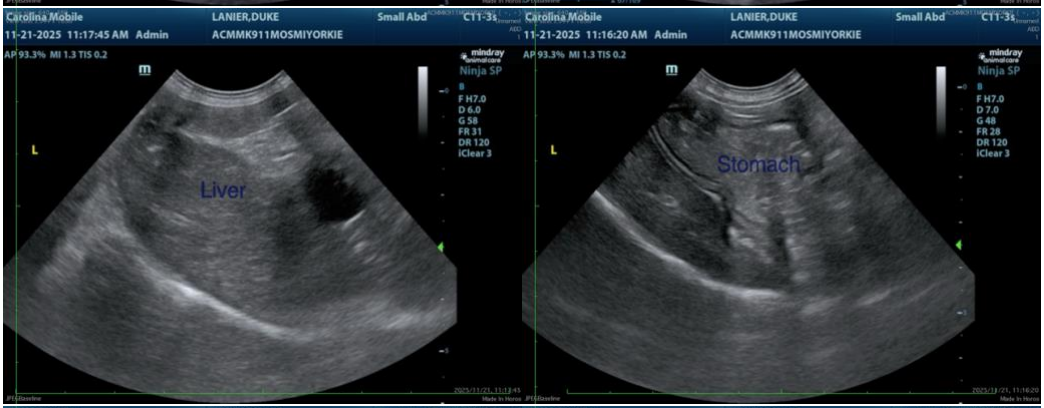

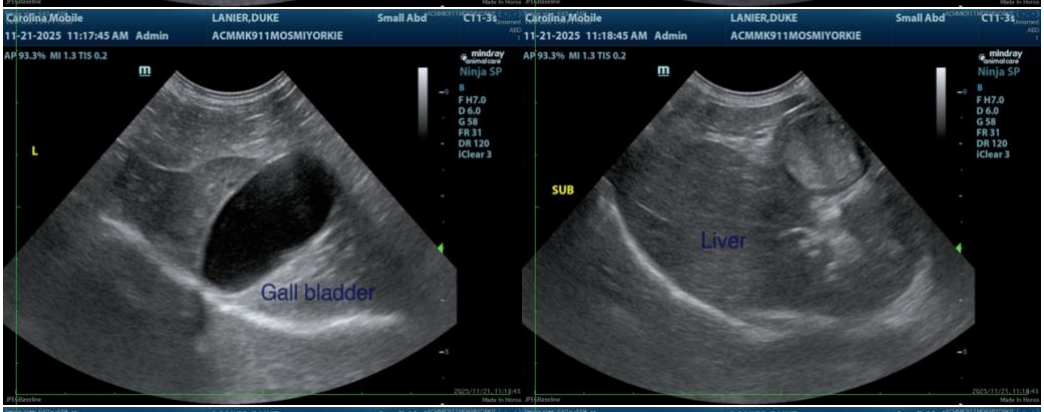

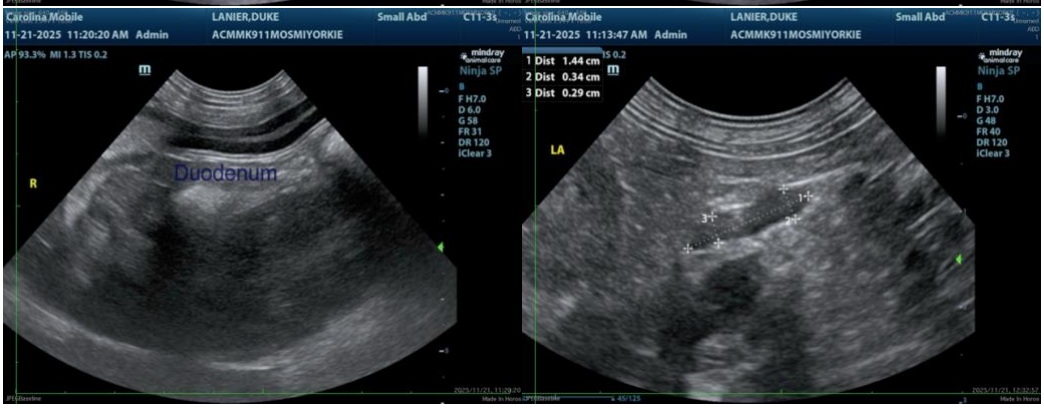

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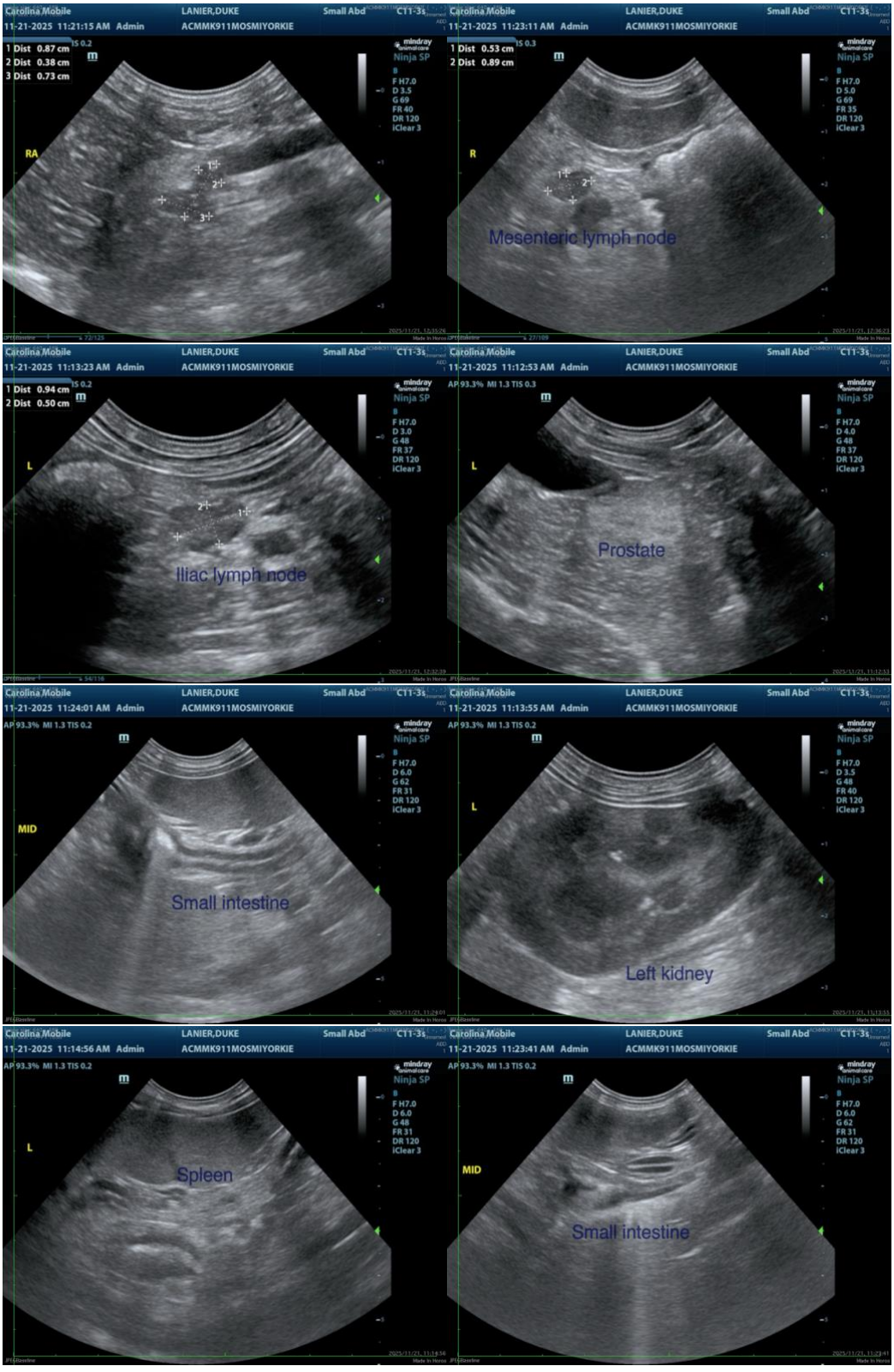

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com