



PATIENT

Jett Burgess

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

8 Years

WEIGHT

37

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Valerie White

HOSPITAL NAME

Great Miami
Veterinary Care

REFERRING VET

Dr. Valerie White

INVOICE

72045

DATE

11/21/25

PRESENTING CLINICAL SIGNS

Decreased appetite, weight loss starting mid Oct 2025
Abnormal PE/Chem/CBC/UA Results: bw wnl, mild reticulocytosis with hct of 42.5, no chem abn 10/31/25

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.

Normal appearance and size of the iliac lymph nodes. 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. Cortical cyst noted in the caudal pole of the left kidney measuring approximately 1.0 cm in size. Small cortical cyst measuring approximately 0.20 cm noted in the right kidney. Left kidney measures 5.4 cm. right kidney measures 5.8 cm.

Reproductive System

The prostate was not visualized.

Adrenal Glands

The **left adrenal gland** presents normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.65 cm in width.

The **right adrenal gland** was not visualized.

Spleen

Normal size (1.7 cm in width) 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.

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.



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Gastrointestinal

Focal hypoechoic mural nodule measuring approximately 1.6 cm x 1.7 cm is noted in the wall of the stomach. The rest of the stomach wall is of normal thickness, showing no loss of layering, and maintaining a 1:3 muscularis to mucosa ratio. A small amount of fluid is present within the stomach.

Normal appearance of the 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.

Pancreas

Visible sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Enlarged gastric lymph nodes, measuring up to 1.3 cm x 1.6 cm in size, with a rounded shape and a hypoechoic appearance.

Normal appearance of the mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gastric nodule.
- Gastric lymphadenomegaly.

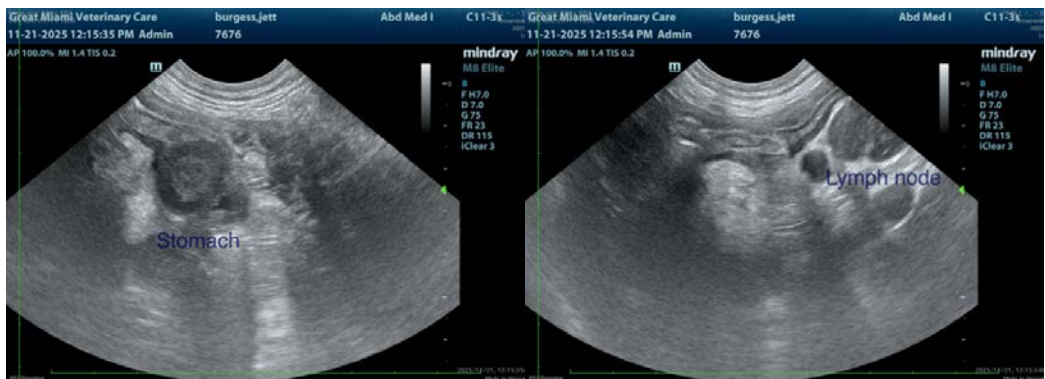
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastric nodule would be reactive hyperplasia, granuloma, and possibly emerging neoplasia.

Etiologies for the gastric lymphadenomegaly would be reactive hyperplasia, lymphadenitis, and infiltrative neoplasia.

Further assessment would be FNA cytology of the gastric nodule and the gastric lymph nodes, and possibly gastroscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis.





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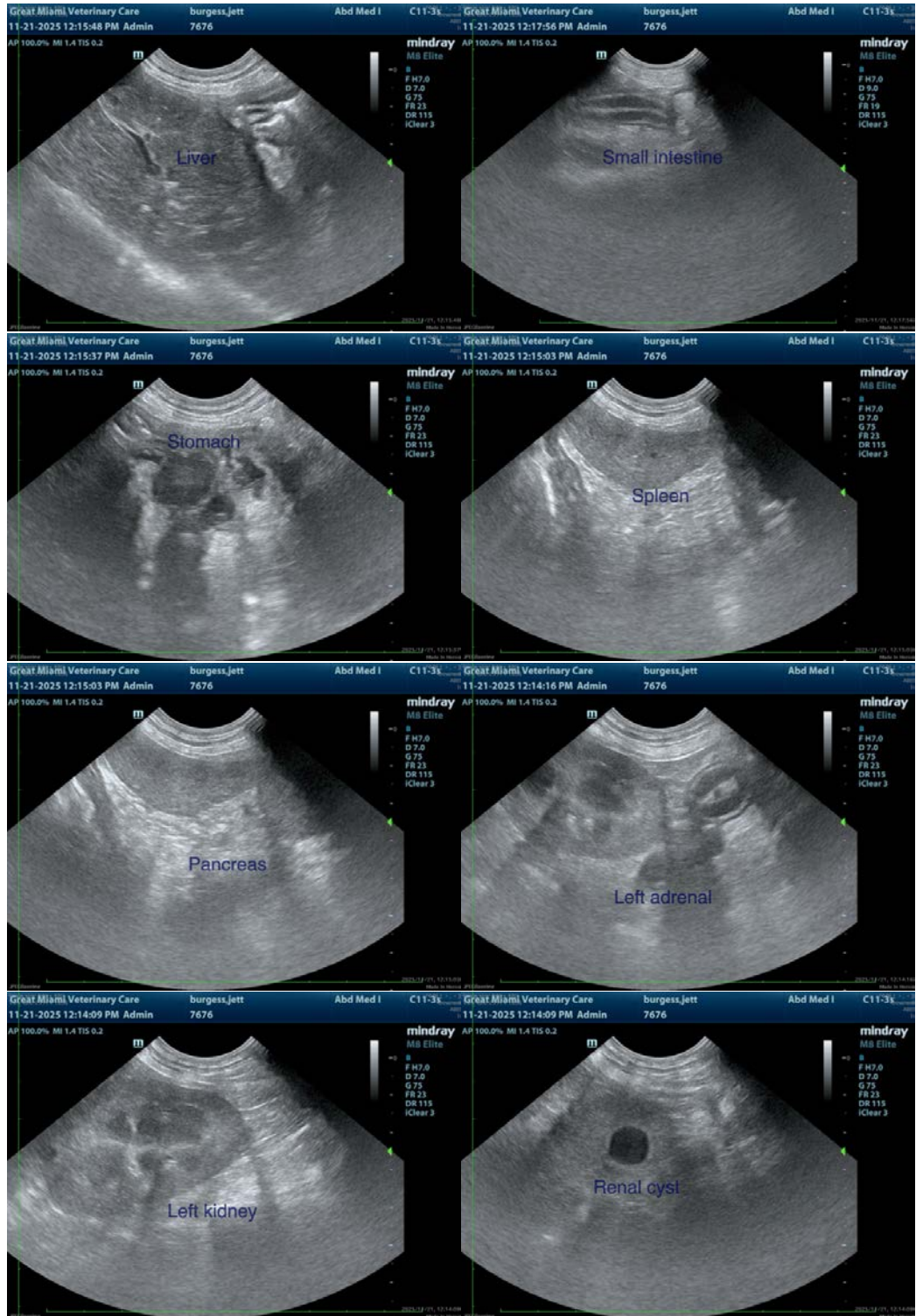
Dr. Valerie White

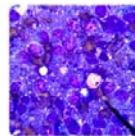
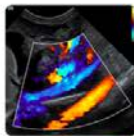
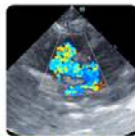
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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