



PATIENT	PRESENTING CLINICAL SIGNS
Nikki Corbin	History: MCT, lethargy, V+/D+, elevated liver enzymes on BW
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.
Pitbull Terrier Mix	Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.
SEX	Enlarged iliac lymph node (1.60 x 4.40 cm) with a rounded appearance and a mottled-to-cystic echogenic appearance. Hyperechogenic appearance of the surrounding mesentery. Ureters not visualized, which can be considered a normal finding.
Spayed Female	
AGE	Normal renal size (left kidney 6.30 cm / right kidney 6.10 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.
3 years, 3 mos	
WEIGHT	
42 lbs	Adrenal Glands
INTERPRETED BY	Normal shape, echogenic appearance, size (left 0.38 x 0.58 cm / right 0.58 x 0.50 cm), position, and appearance of the visible peri-renal vasculature.
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM	Spleen
IMAGING PERFORMED BY	Normal size (1.70 cm) 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.
Cathleen Whitcraft, DVM	Liver
HOSPITAL NAME	Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.
Craig Road AH	Gallbladder
REFERRING VET	The gallbladder is full, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.
Sarah Jansen, DVM	Gastrointestinal
INVOICE	Segmental thickening of the gastric wall (up to 0.75 cm) with no loss of layering and no distention of the lumen. 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 distention of the lumen.
13650	Pancreas
DATE	Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.
7.11.23	Free Abdomen
	Normal mesenteric lymph nodes.
	No ascites evident.



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Nikki Corbin

Primary Findings

SPECIES

- Iliac lymphadenomegaly

Canine

- Gastropathy

BREED

Secondary Findings

Pitbull Terrier Mix

- None

SEX

Spayed Female

AGE

Etiologies for the iliac lymph nodes would be reactive, lymphadenitis and infiltrative neoplasia (mast cell tumor, as per the history).

3 years, 3 mos

WEIGHT

Etiologies for the gastropathy would be nonspecific gastritis (dietary hypersensitivity, viral toxins) helicobacter gastritis, ulcerative gastritis, infiltrative bowel disease, granulomatous gastritis and emerging lymphoma.

42 lbs

INTERPRETED BY

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

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

Specific therapy would be dependent on an etiological diagnosis.

IMAGING PERFORMED BY

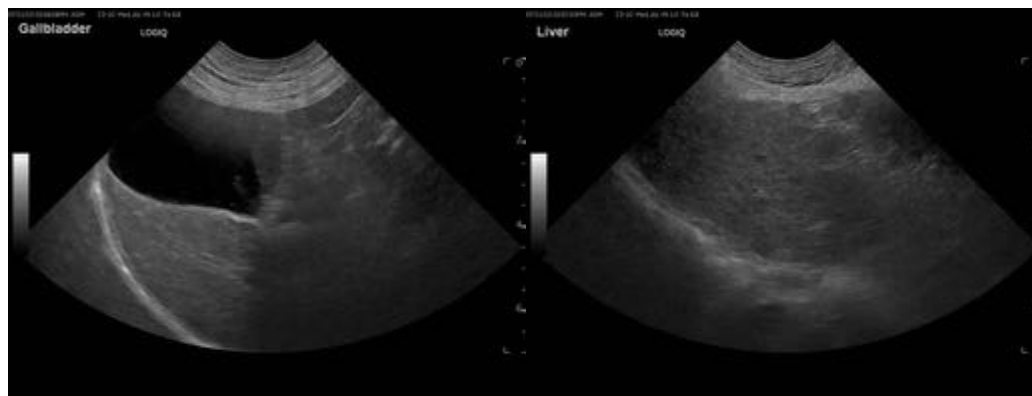
Cathleen Whitcraft,
DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Sarah Jansen, DVM

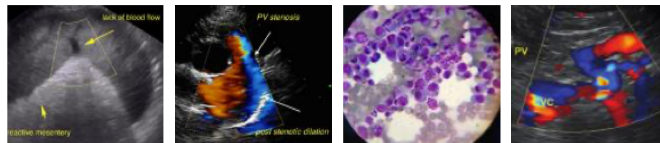


INVOICE

13650

DATE

7.11.23



PATIENT

Nikki Corbin

SPECIES

Canine

BREED

Pitbull Terrier Mix

SEX

Spayed Female

AGE

3 years, 3 mos

WEIGHT

42 lbs

INTERPRETED BY

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IMAGING

PERFORMED BY

Cathleen Whitcraft,
DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

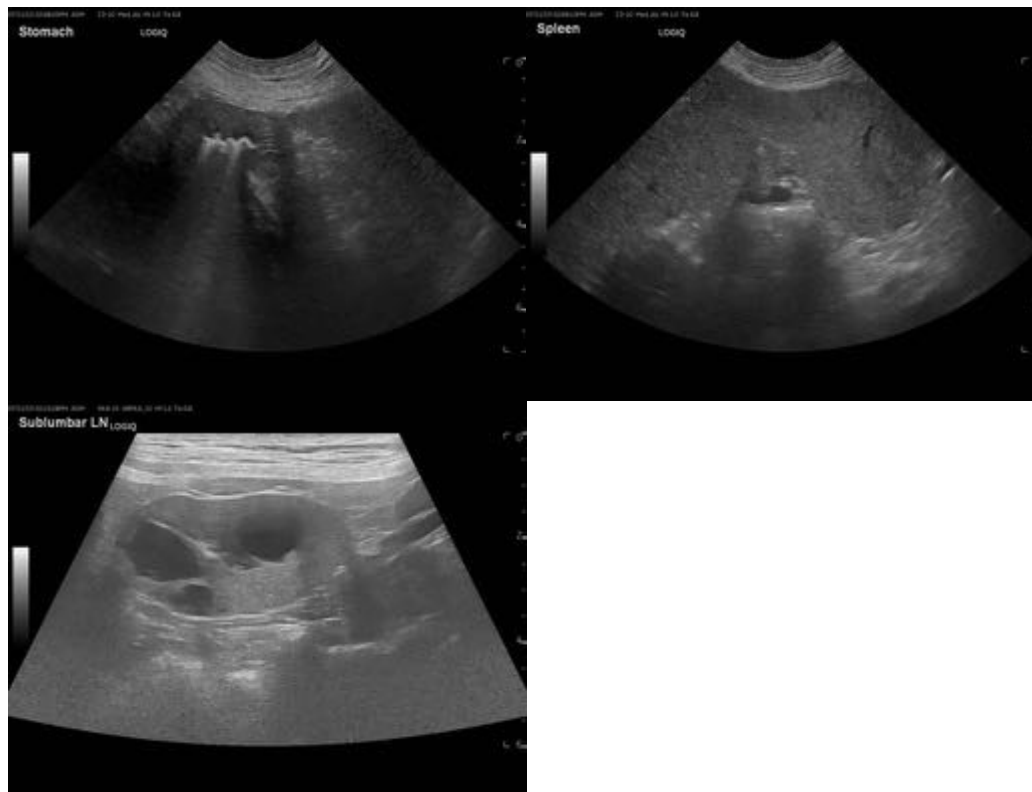
Sarah Jansen, DVM

INVOICE

13650

DATE

7.11.23



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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