

PATIENT

Kingston Wood

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

13 years

WEIGHT

68 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr Hoerauf

INVOICE

13592

DATE

7.6.23

PRESENTING CLINICAL SIGNS

History: Patient presented for approximately 1 week of decreased appetite, vomiting, and lethargy. No known toxin exposure. Drinking water well and keeping that down. On exam, patient was QAR. His weight was down 5lbs since most recent visit in May. Mild discomfort on abdominal palpation. Pale gums.

Abnormal PE/Chem/CBC/UA Results: Albumin 2.6 T4 <0.5 WBC 19.6 RBC 3.2 HGB 6.1 HCT 22 MCH 18.8 MCHC 28 NRBC 2 Platelet count 149 (clumps present, platelet estimate adequate) Neutrophils 16,268 Bands 784 Current Medications Entyce given yesterday afternoon Radiographic Findings None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small, 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 (left kidney 6.00 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.

Reproductive System

Small hypoechogenic prostate.

Adrenal Glands

Normal shape, echogenic appearance, size (left 2.72 cm in length x 0.79 x 0.53 cm) (right 0.59 x 0.54 cm), position, and appearance of the visible peri-renal vasculature.

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.

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

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.

Gastrointestinal

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. Irregular hypoechogenic mass in a section of the small intestine (measuring 4.30 x 7.60 cm in size). No obvious obstruction evident.



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Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Enlarged mesenteric lymph node in the region of the small intestinal mass, with a rounded shape and hypoechoic appearance (2.60 x 8.00 cm in size) with a hyperechoic appearance of the surrounding mesentery. The rest of the mesenteric lymph nodes appear normal.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Small intestinal mass
- Regional lymphadenomegaly

Secondary Findings

- None

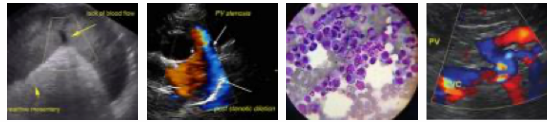
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the appearance of the small intestinal mass and the regional lymphadenomegaly, the most likely diagnosis would be metastatic neoplasia with granulomatous disease a differential diagnosis.

Further assessment would be three-view thoracic radiographs and FNA cytology of the intestinal mass and lymph node. Laparotomy could be considered, as it may be both diagnostic and therapeutic.

Further specific therapy would be dependent on an etiological diagnosis.





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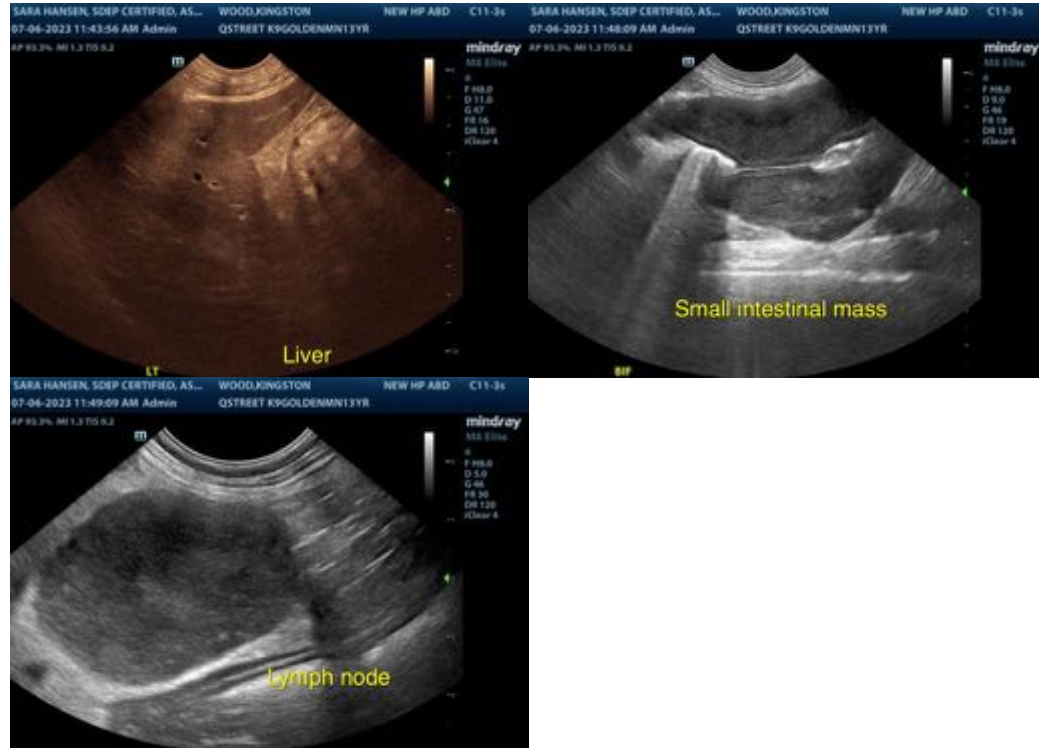
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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