



PATIENT

Ringo Shawa

SPECIES

Canine

BREED

Beagle

SEX

Male

AGE

5 years

WEIGHT

15.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Khaled Ashour

HOSPITAL NAME

The Pet Vet Dubai

REFERRING VET

Dr. Ashour

INVOICE

68568

DATE

11/11/25

History

Chronic recurrent draining tracts on the neck, periocular area, elbows, and hocks; with no systemic signs and minimal pruritus. Minimal response to therapy.

Hematology

Neutrophilia (19.77).

Monocytosis (3.5).

Serum Biochemistry

Mild hyperglobulinemia (4.8).

Elevated liver enzyme activity – ALT 170, ALP 618.

Skin Biopsies

Chronic pyogranulomatous dermatitis with draining tract formation.

Special stains negative for fungi and mycobacteria.

Skin Cultures

Resistant *Staphylococcus spp.*

Negative for fungi.

Lymph Node cytology

Reactive lymphoid and plasma cell hyperplasia.

Leishmania PCR

Negative.

Allergy Testing

Reactivity to a small number of allergens.

Reactivity to a few dietary components.



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Findings

- Pyogranulomatous dermatitis with *Staphylococcus* infection.
- Inflammatory leukogram.
- Mild hyperglobulinemia.
- Elevated liver enzyme activity.
- Reactive peripheral lymph nodes.
- Possible atopy.
- Food allergy.

Interpretation

Differential diagnoses for chronic pyogranulomatous dermatitis:

- Deep bacterial infections (furunculosis, cellulitis).
- Sterile nodular/granulomatous dermatitis.
- Mycobacterial infection.
- Fungal infection.
- Beagle associated immune-mediated folliculitis/furunculosis.

At this point, deep pyoderma, mycobacterial infection, and fungal infection have been ruled out. Sterile nodular/granulomatous dermatitis and beagle associated immune-mediated folliculitis/furunculosis would be highly likely differential diagnosis.

Atopic and food-associated dermatopathies do not present as pyogranulomatous dermatitis with sinus tract formation. In addition, blood testing for food allergies is highly inaccurate.

The inflammatory leukogram, mild hyperglobulinemia, and reactive peripheral lymph nodes can be considered as secondary to the dermatopathy. The elevated liver enzyme activity can be ascribed to the cortisone therapy.

Both the sterile nodular/granulomatous dermatitis and beagle associated immune-mediated folliculitis/furunculosis are immune mediated diseases. Although complete cure is possible, long-term therapy is often needed.

Management

- Immune-suppressive therapy:
 - Prednisolone, starting at 1 mg/kg BID until the lesions have fully resolved then tapered to the minimum effective dose (0.5 mg/kg every second-third day).
 - Cyclosporin - 5 mg/kg SID, then reduced to 5 mg/kg every second-third day).
- Vitamin E - 500 IU per day
- Omega 3 fatty acids - 500 mg per day.
- Topical washes with a chlorhexidine shampoo.
- Amoxicillin-clavulanate - 20 mg/kg BID for 3-4 weeks.

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.



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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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