



PATIENT PRESENTING CLINICAL SIGNS

Henry Dunbar History: Acute onset inappetence, lethargy and pain.
SPECIES Physical Examination: Initially showed back pain, which has responded to therapy.
 Canine Urinalysis: SG 1.014.
BREED CBC: Non-regenerative anemia, thrombocytopenia.
 Silky terrier Serum Biochemistry: Elevated ALP activity.
 Radiographic Findings: N/A.

SEX

MN

AGE

15 years

WEIGHT

15 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Jo Goodman

HOSPITAL NAME

Evendale Blue Ash Pet
Hospital

REFERRING VET

Dr Wehmer

INVOICE

302615

DATE

10/27/21

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.2 cm, right 3.9) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and pelvis.

Reproductive System

Small hypoechogenic prostate.

Adrenal Glands

Normal size, shape, position, and echogenic appearance.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, and portal markings. Focal parenchymal cystic mass in the right liver lobe. Multiple hyperechoic parenchymal nodules. Small gall bladder containing normal anechoic bile. Thickened and hyperechogenic appearance of the gall bladder wall. Normal bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no lumen distension. Ingesta within the stomach.



PATIENT *Pancreas*

Henry Dunbar Normal size and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine No mesenteric lymphadenomegaly.
No ascites.

BREED

Silky terrier

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

SEX

- Hepatic mass.
- Hepatic nodules.

MN

AGE

Secondary Findings:

15 years

- Thickened gall bladder wall.
- Age-related renal changes.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Etiologies for the hepatic mass would be neoplasia, cyst, hematoma, granuloma, abscessation. Etiologies for the hepatic nodules would be nodular regeneration, organized hematoma or abscess, granuloma, and neoplasia.

The most likely etiology for the gall bladder would be a previous episode of cholecystitis.

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With the presenting clinical signs, primary spinal cord disease (disc prolapse, neoplasia, focal inflammatory lesion) needs to be considered.

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Further assessment would be FNA cytology of the hepatic mass and nodules and possibly a CT/MRI of the lumbar spine.

Specific therapy would be dependent on an etiological diagnosis.

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PATIENT

Henry Dunbar

SPECIES

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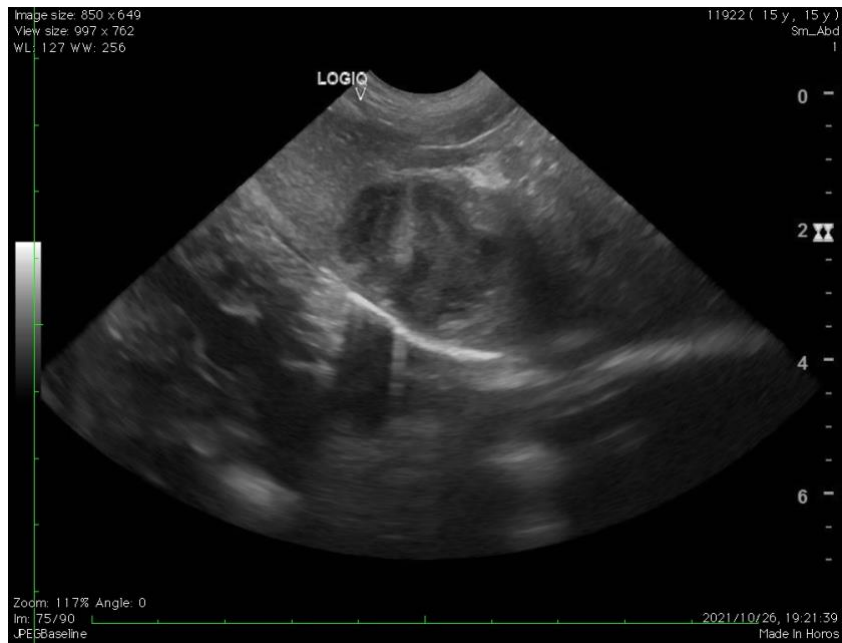
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IMAGES

Liver





PATIENT

Gall bladder

Henry Dunbar

SPECIES

Canine

BREED

Silky terrier

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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.

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Dr Jo Goodman

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.

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