



PATIENT

Tucker Erickson

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

7 years

WEIGHT

32 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Village Veterinary

REFERRING VET

INVOICE

302592

DATE

10/8/21

PRESENTING CLINICAL SIGNS

History: Seizures – on phenobarbitone. Screening ultrasound.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

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 appearance of the trigone, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes (1.4 x 0.6 cm). Ureters not visualized.

Normal renal size (left 6.1 cm, right 6.2 cm), echogenic appearance, cortico-medullary differentiation, capsule, and pelvis.

Reproductive System

Small hypoechoic prostate (0.9 cm).

Adrenal Glands

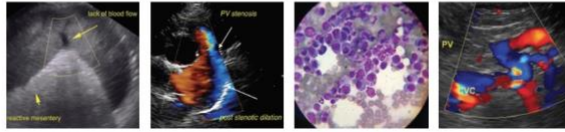
Normal shape, echogenic appearance, size, and position. Left 0.72 cm, right 0.63 cm.

Spleen

Normal size (1.5 cm) 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 with a diffuse hyperechogenic-to nodular appearance and some loss of portal markings. Nodules are of varying sizes (up to 1.5 cm), parenchymal, and hypoechoic. No masses evident. Small gall bladder containing small amount of hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.18 cm).



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Gastrointestinal

Normal appearance of the pylorus, stomach, duodenum, small intestine, ileo-cecal junction, and colon with normal thickness (stomach 0.31 cm, duodenum 0.33 cm, jejunum 0.37 cm, colon 0.15 cm), layering, and peristaltic activity.

Pancreas

Normal size (right 0.9 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.

Prominent hepatic lymph nodes (1.3 x 0.6 cm, 1.7 cm) with normal shape and echogenic appearance.

No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Nodular hepatopathy.
- Hepatic lymphadenomegaly.

Secondary findings:

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the nodular hepatopathy would be secondary to the phenobarbitone therapy, reactive hyperplasia, nodular regeneration, early cirrhosis, chronic hepatitis, granulomatous disease, and infiltrative neoplasia.

The most likely etiology for the hepatic lymphadenomegaly would be reactive with lymphadenitis and infiltrative neoplasia, differential diagnoses

Further assessment would be serum biochemistry and FNA cytology of the liver and hepatic lymph nodes.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be ursodiol.



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IMAGES

Liver



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.

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