



PATIENT

Jazz Filipiak

SPECIES

Canine

BREED

Poodle

SEX

FS

AGE

13 years

WEIGHT

15 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Coral Breeze Animal
Hospital

REFERRING VET

INVOICE

302596

DATE

10/8/21

PRESENTING CLINICAL SIGNS

History: Elevated ALP activity.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: Elevated ALP activity.

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 trigone area, proximal urethra (0.32 cm) and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (both 4 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and pelvis.

Reproductive System

N/A.

Adrenal Glands

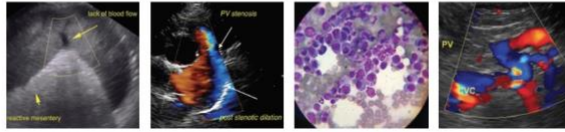
Normal shape, echogenic appearance, size, and position. Left 0.46 cm, right 0.62 cm.

Spleen

Normal size (1.2 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

Enlarged with a diffuse hypoechoic and coarse appearance, and loss of portal markings. Multiple parenchymal nodules of varying sizes (up to 0.7 cm) and varying echogenicity – both hypo and hyperechogenic in appearance. Small gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Normal bile duct (0.17 cm). FNA taken of the liver with no obvious post aspirate hemorrhage.



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Gastrointestinal

Normal appearance of the stomach, pylorus, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering and normal wall thickness (duodenum 0.37 cm) and peristalsis, and no distension of the lumen. Irregular hypoechoic mass (2.9 x 3.9 cm) at the gastro-esophageal junction. FNA taken of the mass with no obvious post aspirate hemorrhage.

Pancreas

Normal size (right 0.7 and 1.1 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Gastro-esophageal junction mass.
- Nodular hepatopathy.

Secondary findings:

- Age-related renal changes.

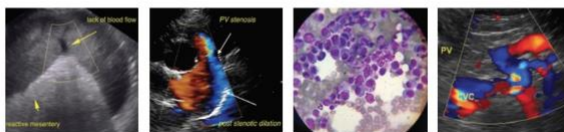
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the gastro-esophageal junction mass would be neoplasia (lymphoma, carcinoma) with ulcerative disease and granulomatous disease differential diagnoses.

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

Further assessment needs to be based on the results of the FNA cytology but could include 3-view thoracic radiographs, gastroscopy, and possibly laparotomy.

Specific therapy would be dependent on an etiological diagnosis.



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IMAGES

Liver



Stomach



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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)
 rlobetti@mweb.co.za