



**PATIENT**

Lucky Ray

**SPECIES**

Canine

**BREED**

Vizla Cross

**SEX**

FS

**AGE**

11 years

**WEIGHT**

62 #

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Lara Wiseman, DVM

**HOSPITAL NAME**

Boca Midtowne  
Animal Hospital

**REFERRING VET**

**INVOICE**

302645

**DATE**

11/18/21

**PRESENTING CLINICAL SIGNS**

History: Asymptomatic – needs dental procedure. History of elevated ALP activity, suspected steroid hepatopathy and mild mitral valve regurgitation.

Physical Examination: Occasional VPC.

Urinalysis: N/A.

CBC: Pending.

Serum Biochemistry: Pending.

Radiographic Findings: Mild generalized cardiomegaly, no pulmonary edema, generalized hepatomegaly, possible splenic/hepatic mass.

**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 (0.27 cm) and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 6.5 cm, right 6. cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and pelvis.

**Reproductive System**

N/A.

**Adrenal Glands**

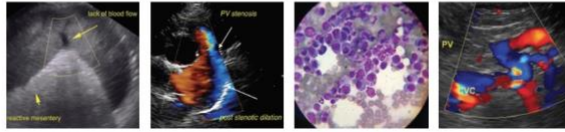
Normal shape, echogenic appearance, and position but bilaterally enlarged. Left 0.9 cm, right 0.9 cm.

**Spleen**

Normal size (1.9 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. Irregular poorly defined hyperechogenic parenchymal mass (2.3 x 1.8 cm) in the head of the spleen. FNA taken with no obvious post aspirate hemorrhage.

**Liver**

Enlarged with rounded edges, diffuse hyperechogenic coarse and nodular appearance, and some loss of portal markings. Nodules are anechoic and up to 0.8 cm in size Hypoechoic parenchymal mass (3.1 x 1.8 cm) in the left lobe with some distortion of the overlying capsule. FNA taken with no obvious post aspirate hemorrhage. Small gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Normal bile duct (0.22 cm).



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***Gastrointestinal***

Normal appearance of the gastro-esophageal junction, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.42 cm, duodenum 0.41 cm, jejunum 0.26 cm) and peristalsis, and no distension of the lumen.

***Pancreas***

Normal size (right 1.8 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:

- Nodular hepatopathy.
- Hepatic mass.
- Splenic mass.
- Bilateral adrenomegaly.

Secondary findings:

- Age-related renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

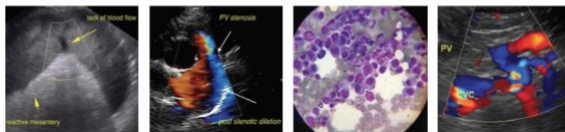
Etiologies for the hepatopathy would be reactive, vacuolar, metabolic, chronic hepatitis, early cirrhosis, nodular regeneration, and infiltrative neoplasia. The hepatic mass may merely be an extension of the nodular hepatopathy with hematoma, granuloma, hepatoma, neoplasia, and organized abscess, differential diagnoses.

Etiologies for the splenic mass would be reactive hyperplasia, granuloma, abscess, and neoplasia.

Etiologies for the adrenomegaly would be hyperplasia and pituitary-dependent Cushing's disease.

Further assessment needs to be based on the pending blood work and results of the FNA cytology. Adrenal function testing (ACTH/low-dose-dexamethasone suppression test) should be considered.

Specific therapy would be dependent on an etiological diagnosis.



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**IMAGES**

Liver



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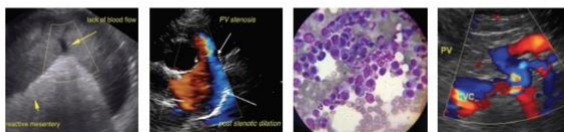
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**PATIENT**

**Spleen**

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**Left adrenal gland**



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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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