

PATIENT

Teddy Bear Fricano

SPECIES

Canine

BREED

Pomeranian

SEX

MN

AGE

10 years

WEIGHT

14 #

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Lara Wiseman, DVM

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

Dr Ranade

INVOICE

302687

DATE

12/29/21

PRESENTING CLINICAL SIGNS

History: Heart disease, tracheal collapse, hepatomegaly.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: Normal.

Serum Biochemistry: Elevated ALP activity and proteins.

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 and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.3 cm, right 3.7 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and pelvis.

Reproductive System

Small hypoechoic prostate (0.72 cm).

Adrenal Glands

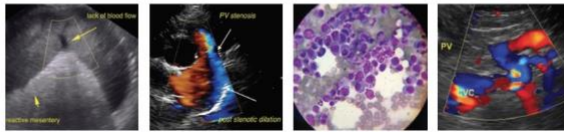
Normal shape, echogenic appearance, size, and position. Left 0.38 cm, right 0.53 cm.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvilinear capsule, and normal vasculature. Focal mottled echogenic cavitary parenchymal mass (1.6 x 1.9 cm) with resultant bulging of the overlying capsule. Incidental myelolipoma.

Liver

Enlarged with rounded edges, diffuse hyperechogenic appearance, and some loss of portal markings. No nodules or masses evident. Full gall bladder containing moderate amount of non-adherent hyperechogenic sediment. Normal appearance and thickness of the gall bladder wall. Normal bile duct.



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, pylorus, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering and normal wall thickness (stomach 0.3 cm, duodenum 0.28 cm, jejunum 0.26 cm) and peristalsis, and no distension of the lumen. Ingesta within the stomach.

Pancreas

Normal size (right 1.3 cm) with a diffuse mottled echogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.

No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Hepatopathy.
- Chronic pancreatitis.
- Splenic mass.

Secondary findings:

- Age-related renal changes.
- Gall bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

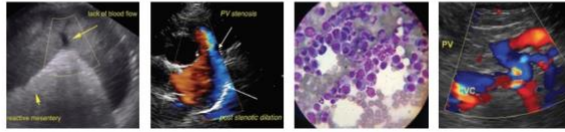
Etiologies for the hepatopathy would be reactive, vacuolar, metabolic, drug-induced, chronic hepatitis, early cirrhosis, early nodular regeneration, and infiltrative neoplasia.

The appearance of the pancreas is typical for chronic pancreatitis.

Etiologies for the splenic mass would be hyperplasia, abscessation, granuloma, hematoma, and neoplasia.

Further assessment would be thoracic radiographs, cPL/PSL assay, and FNA cytology of the liver and splenic nodule. Tru-cut/wedge biopsy of both may, however, be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management of the pancreas would be low-fat intestinal diet and analgesics as needed. Symptomatic management of the liver and gall bladder would be ursodiol. Specific management of the splenic nodule would be splenectomy.



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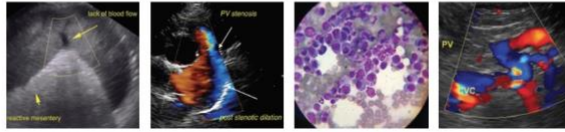
IMAGES

Liver



Spleen





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Pancreas

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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.

IMAGING PERFORMED BY

Lara Wiseman, DVM

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