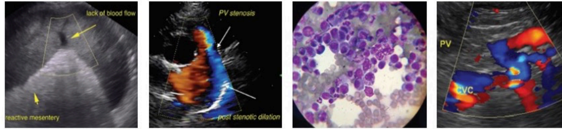
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
MobileVeterinaryImaging.net 772-8881553

PATIENT
Oliver Rosoff

SPECIES
Canine

BREED
English Bulldog

SEX
MN

AGE
6½ years

WEIGHT
57 #

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

IMAGING PERFORMED BY
Lara Wiseman, DVM

HOSPITAL NAME
Calusa Veterinary Center

REFERRING VET

INVOICE
302531

DATE
8/29/21

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea. Acute vomiting past 4 days and inappetence.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: Hepatic/splenic mass, pleural effusion, ascites.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness (0.42 cm) 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 (1.5 x 0.5 cm). Ureters not visualized.

Normal renal size (left 6.4 cm, right 6.5 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and pelvis.

Reproductive System

Small hypoechogenic prostate (0.7 cm).

Adrenal Glands

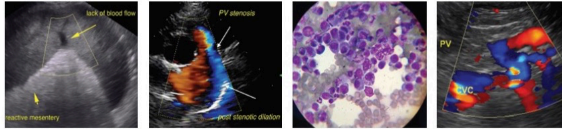
Normal shape, echogenic appearance, position, and size. Left 0.63 cm, right 0.58 cm.

Spleen

Normal size (1.9 cm) with a diffuse mottled echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature.

Liver

Normal size with a coarse hypoechogenic appearance, and some loss of portal markings. Mottled echogenic poorly vascularized cavitatory mass (8.8 x 7.7 cm) that appears to extend from a small stalk-like structure from the right hepatic lobe. Few small hypoechogenic parenchymal nodules (up to 0.69 cm). Small gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.



PATIENT
Oliver Rosoff

SPECIES
Canine

BREED
English Bulldog

SEX
MN

AGE
6½ years

WEIGHT
57 #

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

IMAGING PERFORMED BY
Lara Wiseman, DVM

HOSPITAL NAME
Calusa Veterinary Center

REFERRING VET

INVOICE
302531

DATE
8/29/21

Gastrointestinal

Normal appearance of the pylorus, stomach, duodenum, small intestine, ileo-cecal junction, and colon with normal thickness (stomach 0.49 cm, jejunum 0.3 cm), layering, and peristaltic activity. Small amount of fluid within the stomach.

Pancreas

Enlarged (right 2 cm) and irregular with a hypoechogenic appearance. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
Mild ascites cranial abdomen.

Thorax

Normal appearance of the heart.
No pericardial or pleural effusion.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Splenic pathology.
- Hepatic mass.
- Nodular hepatopathy.
- Pancreatitis.
- Small amount of ascites.

Secondary findings:

- Age-related renal changes.

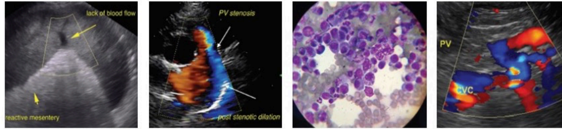
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely diagnosis for the hepatic mass would be neoplasia with a granuloma and hematoma less likely differential diagnoses.

Etiologies for the nodular hepatopathy would be metastatic disease, nodular regeneration, granulomatous disease, hematomas, organized abscessation, and chronic hepatitis.

Etiologies for the splenic pathology would be reactive, hyperplasia, splenitis, hypersplenism, and infiltrative neoplasia.

The appearance of the pancreas is typical for pancreatitis.



PATIENT
Oliver Rosoff

SPECIES
Canine

BREED
English Bulldog

SEX
MN

AGE
6½ years

WEIGHT
57 #

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

IMAGING PERFORMED BY
Lara Wiseman, DVM

HOSPITAL NAME
Calusa Veterinary Center

REFERRING VET

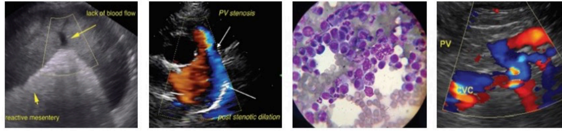
INVOICE
302531

DATE
8/29/21

The ascites can be ascribed to the intra-abdominal pathology – hemorrhage, inflammation, portal hypertension.

Further assessment would cPL/PSL assay, FNA cytology of the spleen, liver, and liver mass, effusion analysis, and possibly CT scan of the abdomen and thorax, especially if surgery is being considered.

Specific therapy would be dependent on an etiological diagnosis. Management of the pancreatitis would be fluid therapy, anti-emetics (maropitant, metoclopramide), analgesics (opioids and/or NSAIDs), and gastric protectants (omeprazole, sucralfate).



PATIENT

Oliver Rosoff

SPECIES

Canine

BREED

English Bulldog

SEX

MN

AGE

6½ years

WEIGHT

57 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Calusa Veterinary Center

REFERRING VET

INVOICE

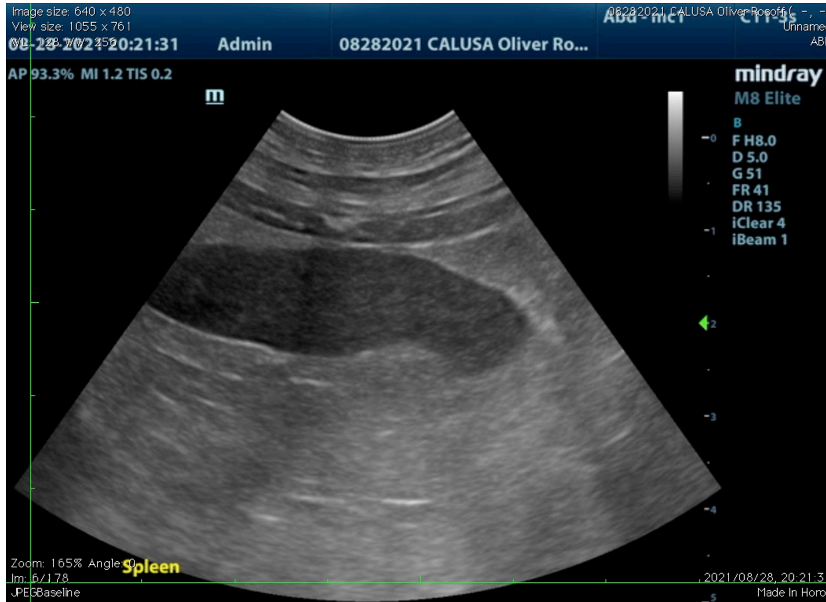
302531

DATE

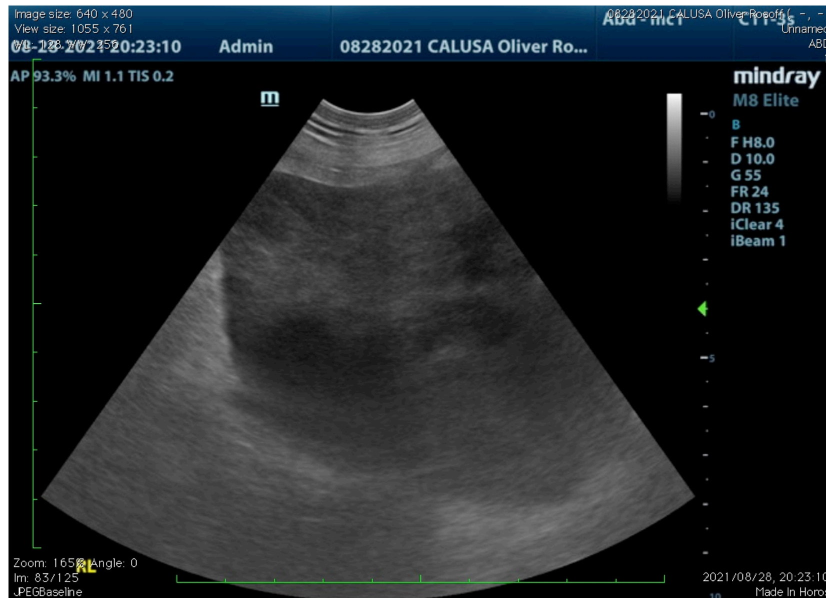
8/29/21

IMAGES

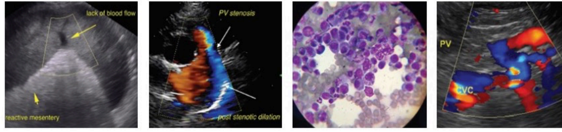
Spleen



Liver



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
MobileVeterinaryImaging.net 772-8881553

PATIENT

Oliver Rosoff

SPECIES

Canine

BREED

English Bulldog

SEX

MN

AGE

6½ years

WEIGHT

57 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Calusa Veterinary Center

REFERRING VET

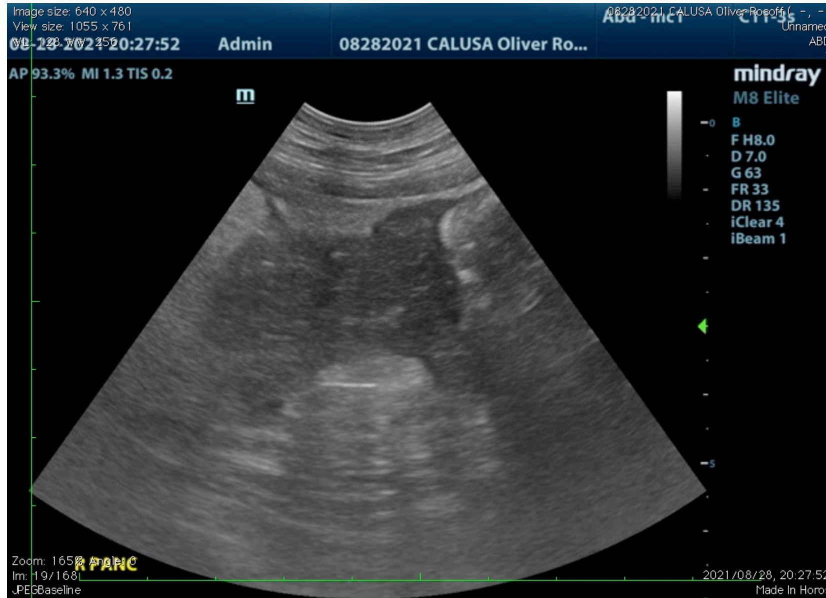
INVOICE

302531

DATE

8/29/21

Pancreas



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