



PATIENT

Chanel Spallone

SPECIES

Canine

BREED

Bichon Frise

SEX

FS

AGE

10 years

WEIGHT

10 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Treasure Coast
Animal Emergency

REFERRING VET

Dr Cail

INVOICE

302561

DATE

9/20/21

PRESENTING CLINICAL SIGNS

History: Hemorrhagic feces, vomiting. Previous history of uroliths and chronic UTI.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: Neutrophilia.

Serum Biochemistry: Azotemia, elevated liver enzyme activity, proteins, calcium, phosphate, and sodium. Abnormal cPL.

Radiographic Findings: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and appearance of the wall. Moderate amount of floating hyperechogenic sediment. Few small uroliths evident (0.2 cm).

Normal trigone area, proximal urethra (0.4 cm) and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 5.1 cm, right 4.5 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation and normal capsule. Bilateral pyelectasia (left 0.56 cm, right 0.66 cm) with small amount hyperechogenic material in the right pelvis. Bilateral mild mineralization.

Adrenal Glands

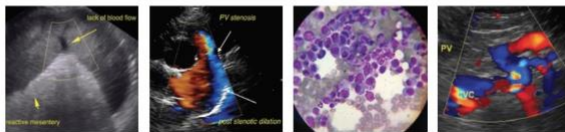
Normal shape, echogenic appearance, size, and position. Left 0.49/0.37 cm, right 0.51/0.39 cm.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Enlarged with rounded edges, diffuse mottled echogenic-to-nodular appearance, and loss of portal markings. Nodules are parenchymal, multiple, hypoechogenic, up to 2.1 cm in size, with some resulting in bulging of the overlying capsule. Focal mottled echogenic parenchymal mass (3.8 x 2.9 cm) at the base of the left lobe. Full gall bladder containing moderate amount of both adherent and non-adherent hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.22 cm). FNA taken of the liver with no obvious post aspirate hemorrhage.



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Gastrointestinal

Normal appearance of the pylorus and ileo-cecal junction. Segmental thickening of the stomach (0.57 cm), duodenum (0.56 cm), jejunum (0.52 cm), and colon (0.4 cm) but with no loss of layering or distension of the lumen. Sections of the small intestine have a corrugated appearance. Small amount of fluid within the stomach.

Pancreas

Normal size (left 1 cm, right 1.2 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes (2.1 cm).
Hyperechogenic appearance of the cranial mesentery.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Nodular hepatopathy.
- Hepatic nodule.
- Renal disease.
- Gastro-enteropathy.
- Mesenteric inflammation.

Secondary findings:

- Gall bladder sediment.
- Urinary bladder sediment/uroliths.

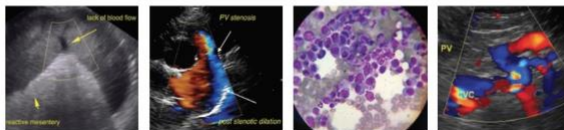
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the nodular hepatopathy would be reactive, nodular hyperplasia, chronic hepatitis, granulomatous disease, neoplasia.

Etiologies for the hepatic mass would be extension of the nodular regeneration, granuloma, abscessation, and neoplasia.

The appearance of the kidneys is typical for chronic kidney disease with bacterial nephritis and pyelonephritis, differential diagnoses.

Etiologies for the gastro-enteropathy would be non-specific gastroenteritis (viral, bacterial, protozoal, helminths, dietary indiscretion, toxin), *Helicobacter* gastritis, ulcerative disease, inflammatory bowel disease, and dietary hypersensitivity; with neoplasia a far less likely differential diagnosis.



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The mesenteric inflammation can be ascribed to the either the hepatopathy or gastroenteropathy.

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Further assessment needs to be based on the results of the liver FNA cytology but could include urine and fecal analyses, urine culture, blood pressure, 3-view thoracic radiographs, and possible Tru-Cut liver biopsy.

BREED

Bichon Frise

Specific therapy would be dependent on an etiological diagnosis. Immediate supportive therapy would be fluid therapy to address the dehydration and hyponatremia.

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IMAGES

Kidney

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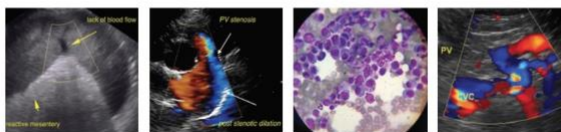
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Liver



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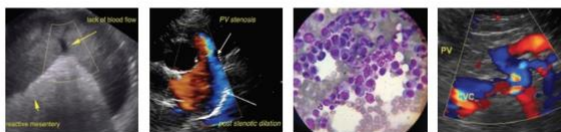
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Gall bladder





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Small intestine

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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.

IMAGING PERFORMED BY

Sonya Myers, DVM

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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 rlobetti@mweb.co.za

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