



PATIENT

Casey Ranucci

SPECIES

Canine

BREED

Australian shepherd

SEX

MN

AGE

12 years

WEIGHT

35.8 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Brent Crutchfield, DVM

HOSPITAL NAME

Treasure Coast Animal
Emergency

REFERRING VET

Dr Cail

INVOICE

303828

DATE

1/30/23

PRESENTING CLINICAL SIGNS

History: Distended and painful abdomen and pacing. No other signs. Controlled diabetic with pre-existing liver disease.

Physical Examination: Swollen abdomen.

Urinalysis: Normal.

CBC: Normal.

Serum Biochemistry: Normal.

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 5.8 cm, right 5.9 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

Small hypoechogenic prostate.

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.54 cm, right 0.67 cm.

Spleen

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

Liver

Small in size with a diffuse hyperechogenic and nodular appearance, loss of portal markings, and regular curvilinear capsule. Nodules are parenchymal, small, and hypoechogenic. No masses evident. Full gall bladder containing normal anechoic bile. Normal thickness (0.2 cm) and echogenic appearance of the gall bladder wall. Normal bile duct.



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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 0.44 cm, duodenum 0.31 cm, jejunum 0.35 cm, colon 0.1 cm) and peristalsis, and no distension of the lumen. Chyle within the proximal small intestine.

Pancreas

Normal size 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.

Secondary findings:

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Although the hepatopathy may be the cause of the presenting clinical signs, spinal cord disease, myopathy, pancreatitis, and intestinal cramping needs to be considered.

Further assessment would be pre-and postprandial bile acids, cPL/PSL assay, and FNA cytology of the liver. Tru-Cut/wedge biopsy will most likely be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.



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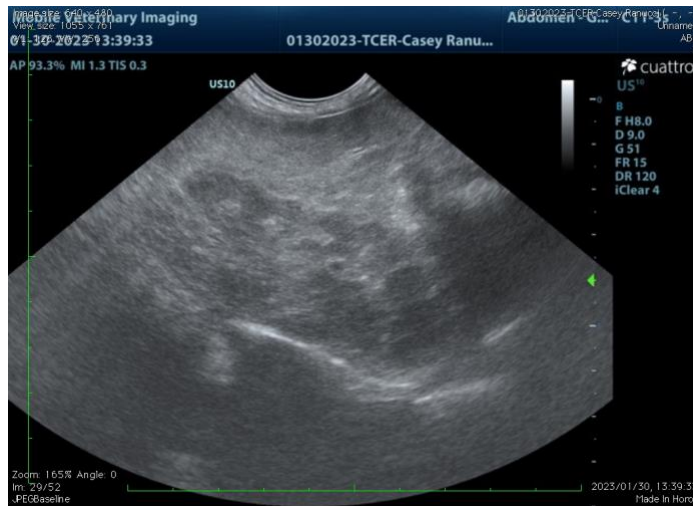
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IMAGES

Liver



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.

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