

**PATIENT PRESENTING CLINICAL SIGNS**

Maggie Jay History: Hyporexia.

**SPECIES** Physical Examination: N/A.

Canine Urinalysis: N/A.

**BREED** CBC: Thrombocytosis.

Pug Mix Serum Biochemistry: Low normal albumin.

Radiographic Findings: Gas in the stomach, cranial abdominal mass.

**SEX**

FS

**AGE**

9 years

**WEIGHT**

10.5 #

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Denise Bruno LVT, RDMS

**HOSPITAL NAME**

Farview Animal Clinic

**REFERRING VET**

Dr Mosaad

**INVOICE**

303493

**DATE**

10/19/22

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Small urinary bladder with a thickened (0.5 cm) and irregular 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 3.5 cm, right 3.9 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal blood flow, pelvis and capsule. Bilateral focal cortical infarcts and mineralization.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Left 1.93 x 0.49/0.46 cm, right 1.49 x 0.33/0.38 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**

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

**Gastrointestinal**

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (small intestine 0.4 cm) and peristalsis, and no distension of the lumen. Gas within the stomach, fecal material within the colon.



**PATIENT** *Pancreas*

Maggie Jay Not visualized.

**SPECIES** *Free Abdomen*

Canine No mesenteric lymphadenomegaly.  
Moderate amount of acellular ascites.

**BREED** Large mottled echogenic irregular non-vascularized mass (9 cm) in the cranial abdomen adjacent to the left liver but does not seem to be attached to the liver.

Pug Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX** Primary findings:

- FS
- Abdominal mass.
  - Cystitis.
  - Ascites.

**AGE**

9 years

Secondary findings:

**WEIGHT**

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

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the mass would be neoplasia and granuloma. Possible organ origin of the mass would be liver, mesentery, and pancreas.

Etiologies for the urinary bladder would be bacterial cystitis, sterile cystitis, polyploid cystitis, and emerging neoplasia.

The ascites can be ascribed to the abdominal mass.

Further assessment needs to be based on the pending cytology results but could include urinalysis, urine culture, BRAF assay, analysis of the ascitic fluid, 3-view thoracic radiographs, CT scan, and laparotomy.

Specific therapy would be dependent on an etiological diagnosis.

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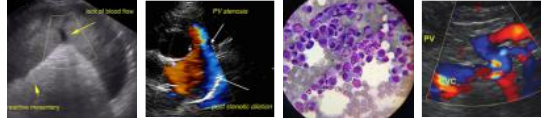
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**PATIENT IMAGES**

Maggie Jay **Mass**

**SPECIES**

Canine

**BREED**

Pug Mix

**SEX**

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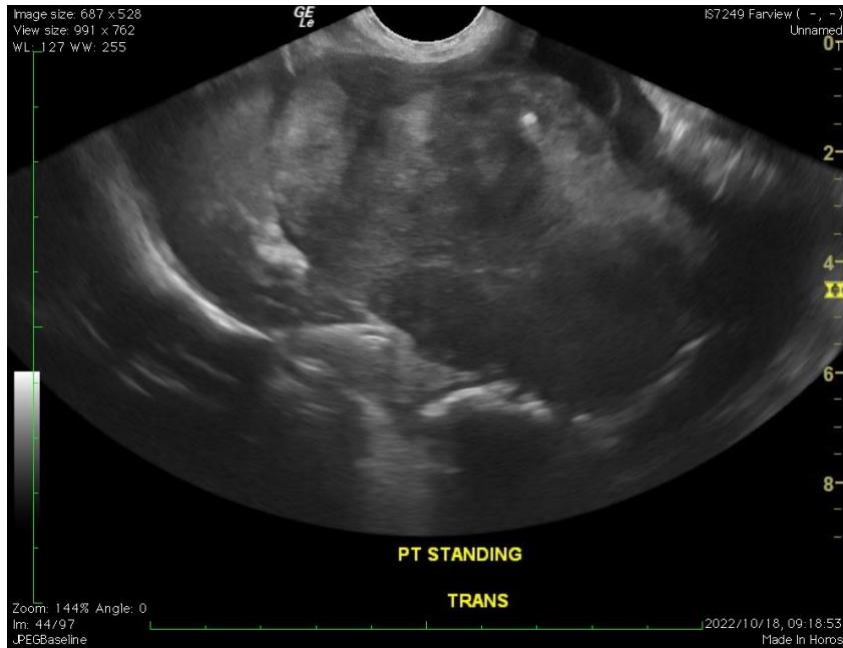
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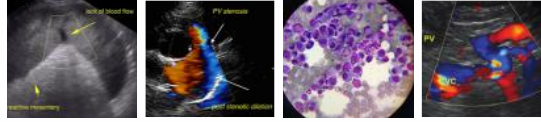
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**Left kidney**





**PATIENT** Urinary bladder

Maggie Jay

**SPECIES**

Canine

**BREED**

Pug Mix

**SEX**

FS

**AGE**

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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)**  
[rlobetti@mweb.co.za](mailto:rlobetti@mweb.co.za)