



PATIENT PRESENTING CLINICAL SIGNS

Bosco Forest History: Abnormal episodes – cardiac vs neurologic.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

Cavalier Spaniel Radiographic Findings: Enlarged left atrium, biliary mineralization.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN **Urinary System**

Age Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment evident. Multiple uroliths (up to 1.8 cm) present.

12 years Normal trigone area, proximal urethra (0.6 cm), and iliac blood vessels.

WEIGHT Normal Iliac lymph nodes (1.1 cm). Ureters not visualized.

30 # Normal renal size (left kidney 5.8 cm, right 5.9 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, pinpoint mineralization, and normal pelvis and capsule.

INTERPRETED BY **Reproductive System**

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM Small hypoechoic prostate (1.3 cm).

IMAGING PERFORMED BY **Adrenal Glands**

Sonya Myers, DVM Normal position, echogenic appearance, and shape. Normal size of left gland (0.43/0.65 cm), plump right gland (0.69/0.75 cm).

HOSPITAL NAME **Spleen**

Banfield Colonial Town Park Normal size (1.7 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Two small parenchymal hypoechoic nodules (0.5 cm) in the body of the spleen. Large irregular hypoechoic parenchymal vascularized nodule (1.7 x 1.8 cm) with bulging of the overlying capsule in the head of the spleen.

REFERRING VET **Liver**

Dr Nigaglioni Enlarged with rounded edges, increased echogenic appearance, loss of portal markings, and regular curvilinear capsule. Two parenchymal nodules in the left liver – one hyperechogenic (0.4 cm) and the other hypoechoic (1.3 x 1.7 cm). Small gall bladder containing moderate amount of hyperechogenic sediment and small choleliths (up to 0.8 cm). Thickened and hyperechogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).

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PATIENT
Gastrointestinal

Bosco Forest

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.47 cm, colon 0.1 cm) and peristaltic activity, and no distension of the lumen. Thickening of the gastric wall (0.6 cm) with no loss of layering. Small amount of hyperechogenic material within the stomach.

SPECIES

Canine

Pancreas
BREED

Cavalier Spaniel

Normal size (right 1.3 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX
Free Abdomen

MN

Mesenteric lymphadenomegaly (0.5 x 4.2 cm) with normal shape and echogenic appearance. No ascites.

Age
ULTRASONOGRAPHIC FINDINGS

12 years

Primary Findings:

WEIGHT

30 #

- Hepatopathy.
- Hepatic and splenic nodules.
- Gastropathy.
- Right adrenomegaly.
- Lymphadenomegaly.

INTERPRETED BY

Secondary Findings:

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

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

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Banfield Colonial Town
Park

Etiologies for the hepatopathy would be reactive, vacuolar, metabolic, nodular regeneration, chronic hepatitis, and neoplasia.

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Etiologies for the hepatic and splenic nodules would be hyperplasia, reactive, hematomas, organized abscessation, granulomas, and neoplasia.

Dr Nigaglioni

Etiologies for the gastropathy would be non-specific gastritis, foreign body, inflammatory bowel disease, and helminths, with emerging lymphoma a less likely differential diagnosis.

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Although the mild right adrenomegaly is most likely from disease stress, emerging Cushing's disease needs to be considered.

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Etiologies for the lymph nodes would be reactive, lymphadenitis, and infiltrative neoplasia.

Further assessment would be fecal analysis, serum biochemistry, and FNA cytology of the liver and hepatic and splenic nodules.

Specific therapy would be dependent on an etiological diagnosis.



PATIENT

Bosco Forest

SPECIES

Canine

BREED

Cavalier Spaniel

SEX

MN

Age

12 years

WEIGHT

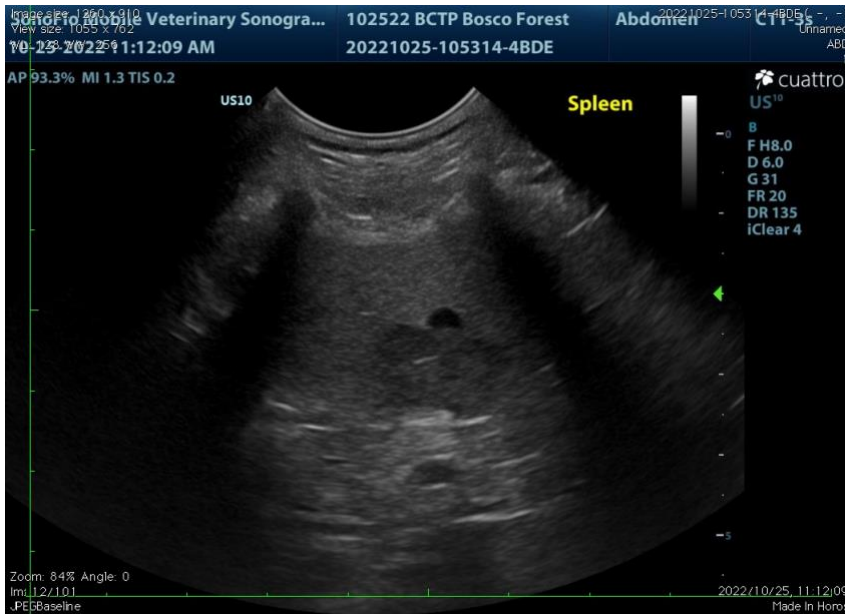
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IMAGES

Urinary bladder



Spleen



INTERPRETED BY

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 MMedVet (Med), PhD,
 Dipl. ECVIM

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Banfield Colonial Town
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PATIENT Stomach

Bosco Forest

SPECIES

Canine

BREED

Cavalier Spaniel

SEX

MN

Age

12 years

WEIGHT

30 #



Liver/gall bladder

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IMAGING PERFORMED BY

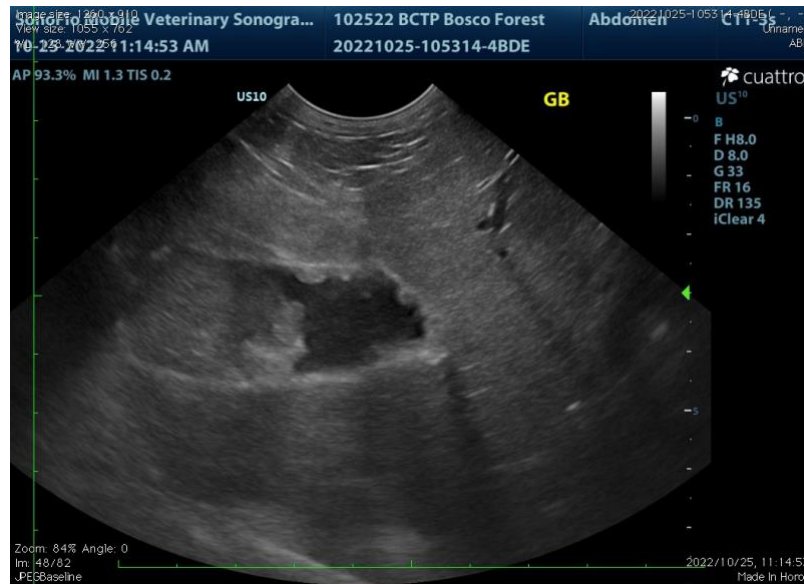
Sonya Myers, DVM

HOSPITAL NAME

Banfield Colonial Town
 Park

REFERRING VET

Dr Nigaglioni



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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.

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