


PATIENT PRESENTING CLINICAL SIGNS

Murphy Clark History: Wellness assessment - urothelial hyperplasia/dysplasia on urine cytology.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

Beagle Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS **Urinary System**

Age Full urinary bladder with a normal thickness and appearance of the wall. Broad-based mottled echogenic irregular mass (0.4 x 2 cm) on the mid-dorsal wall. Normal anechoic urine with no sediment or uroliths evident.

12 years

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

47# Normal iliac lymph nodes (1.2 and 1.3 cm). Ureters not visualized.

INTERPRETED BY Normal renal size (left 6.4 cm, right 6.6 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Bilateral pinpoint mineralization.

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

Reproductive System

Small hypoechogenic prostate (0.9 cm).

IMAGING PERFORMED BY **Adrenal Glands**

Sonya Myers, DVM Normal position, echogenic appearance, shape, and size. Left 0.48/0.55 cm, right 0.61/0.48 cm.

HOSPITAL NAME **Spleen**

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

REFERRING VET **Liver**

Dr Wilder Enlarged with rounded edges, diffuse hyperechogenic appearance, some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing moderate amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).

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PATIENT *Gastrointestinal*

Murphy Clark

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.52 cm, jejunum 0.49 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the gastric wall (up to 0.75 cm) with no loss of layering.

SPECIES

Canine

Pancreas
BREED

Beagle

Normal size and (right 1.5 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen
SEX

FS

Normal mesenteric lymph nodes (2.8 cm).
No ascites.

Age

12 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Urinary bladder mass.
- Gastropathy.
- Hepatopathy.

WEIGHT

47#

Secondary Findings:

- Age-related renal changes.

INTERPRETED BY

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IMAGING PERFORMED BY

Sonya Myers, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the urinary bladder mass would be neoplasia, chronic cystitis, polyploid cystitis, and granulomatous reaction.

HOSPITAL NAME

Lake Emma Animal
Hospital

Etiologies for the gastropathy would be non-specific gastritis, ulcerative gastritis, helminths, *Helicobacter* gastritis, inflammatory bowel disease, and granulomatous disease, with neoplasia an unlikely differential diagnosis.

REFERRING VET

Dr Wilder

Etiologies for the hepatopathy would be age-related, reactive, early nodular hyperplasia, early cirrhosis, and chronic hepatitis, with infiltrative neoplasia an unlikely differential diagnosis.

Further assessment would be urine culture, fecal analysis, BRAF assay, 3-view thoracic radiographs, catheter-assisted aspirate/biopsy of the bladder mass, FNA cytology of the liver, and possibly gastroscopy with biopsies.

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Specific therapy would be dependent on an etiological diagnosis. As the bladder mass does not involve the trigone, surgical excision appears feasible.

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PATIENT

Murphy Clark

SPECIES

Canine

BREED

Beagle

SEX

FS

Age

12 years

WEIGHT

47#

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HOSPITAL NAME

Lake Emma Animal
 Hospital

REFERRING VET

Dr Wilder

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IMAGES

Urinary bladder



Liver





PATIENT Stomach

Murphy Clark

SPECIES

Canine

BREED

Beagle

SEX

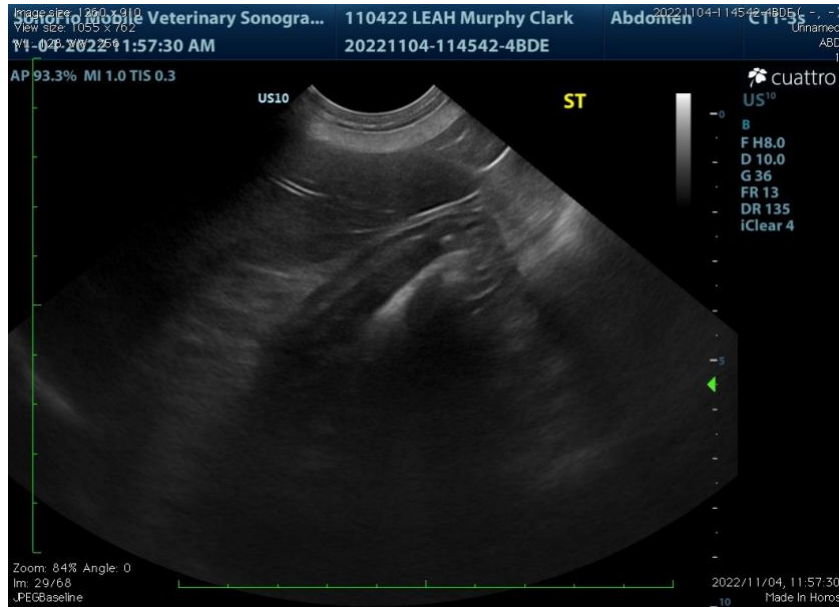
FS

Age

12 years

WEIGHT

47#



INTERPRETED BY

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 MMedVet (Med), PhD,
 Dipl. ECVIM

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.

IMAGING PERFORMED BY

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HOSPITAL NAME

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 Hospital

REFERRING VET

Dr Wilder

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