



**PATIENT PRESENTING CLINICAL SIGNS**

Rihanna Wilson

History: Vomiting and hyporexia.

**SPECIES**

Physical Examination: Icteric, underweight, muscle atrophy.

Canine

Urinalysis: N/A.

CBC: N/A.

**BREED**

Serum Biochemistry: Severely elevated liver enzyme activity and bilirubin.

Staffordshire bull terrier

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. Normal anechoic urine with no sediment or uroliths evident.

3 years

**WEIGHT**

Normal trigone area, proximal urethra, and iliac blood vessels.

49 #

Normal lymph nodes. Ureters not visualized.

**INTERPRETED BY**

Normal renal size (left 6.7 cm, right 6.9 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**Reproductive System**

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MMedVet (Med), PhD, Dipl.  
ECVIM

N/A.

**IMAGING PERFORMED BY**

**Adrenal Glands**

Sonya Myers, DVM

Normal position, echogenic appearance, shape, and size. Left 0.5/0.39 cm, right 0.47/0.72 cm.

**HOSPITAL NAME**

**Spleen**

Oviedo Veterinary Care and  
Emergency

Enlarged (3.5 cm) with a diffuse mottled echogenic appearance. Multiple hypoechogenic parenchymal nodules of varying sizes. Regular curvilinear capsule and normal vasculature.

**REFERRING VET**

**Liver**

Dr Adams

Enlarged with rounded edges, mottled echogenic-to-nodular appearance, loss of portal markings, and regular curvilinear capsule. Nodules are hypoechogenic, parenchymal, and of varying sizes. No masses evident. Full gall bladder containing large amount of hyperechogenic sediment. Thickened (1.3 cm), edematous, and hypoechogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).

**INVOICE**

**Gastrointestinal**

303620

**DATE**

Normal appearance of the stomach, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (jejunum 0.41, colon 0.19 cm) and peristaltic activity, and no distension of the lumen. Shadowing material within the stomach (3.4 cm). Thickening of the duodenum (0.59 cm) with normal wall layering and no distension of the lumen.

12/3/22


**PATIENT** *Pancreas*

Rihanna Wilson

Normal size (right 1.4 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Canine

Mesenteric (0.9 x 3 cm) and hepatic lymphadenomegaly (2.1 x 3.6 cm) with rounded shape and hypoechogenic appearance.

**BREED** Small amount of ascites.

Staffordshire bull terrier

**ULTRASONOGRAPHIC FINDINGS**
**SEX** Primary Findings:

FS

- Nodular splenomegaly.
- Nodular hepatopathy.
- Lymphadenomegaly.
- Cholecystitis.
- Ascites.

**Age**

3 years

**WEIGHT**

49 #

Secondary Findings:

- Duodenal thickening.

**INTERPRETED BY**

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 MMedVet (Med), PhD, Dipl.  
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

With the appearance of the spleen, liver, and lymph nodes, the most likely diagnosis would be neoplasia (lymphoma, mast cell tumor), with granulomatous disease a less likely differential diagnosis.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

The most likely etiology for the gall bladder would be cholecystitis, with cardiac disease and anaphylaxis, differential diagnoses.

**HOSPITAL NAME**

 Oviedo Veterinary Care and  
 Emergency

Although the shadowing material within the stomach may be an incidental finding, a foreign body needs to be considered.

Further assessment would be FNA cytology of the spleen, liver, and lymph nodes.

**REFERRING VET**

Dr Adams

Specific therapy would be dependent on an etiological diagnosis.

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**PATIENT IMAGES**

Rihanna Wilson

**Spleen**

**SPECIES**

Canine

**BREED**

Staffordshire bull terrier

**SEX**

FS

**Age**

3 years

**WEIGHT**

49 #



**INTERPRETED BY**

**Gall bladder**

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**IMAGING PERFORMED BY**

Sonya Myers, DVM

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**REFERRING VET**

Dr Adams

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**PATIENT** Liver

Rihanna Wilson

**SPECIES**

Canine

**BREED**

Staffordshire bull terrier

**SEX**

FS

**Age**

3 years

**WEIGHT**

49 #



**Hepatic lymph node**

**INTERPRETED BY**

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**IMAGING PERFORMED BY**

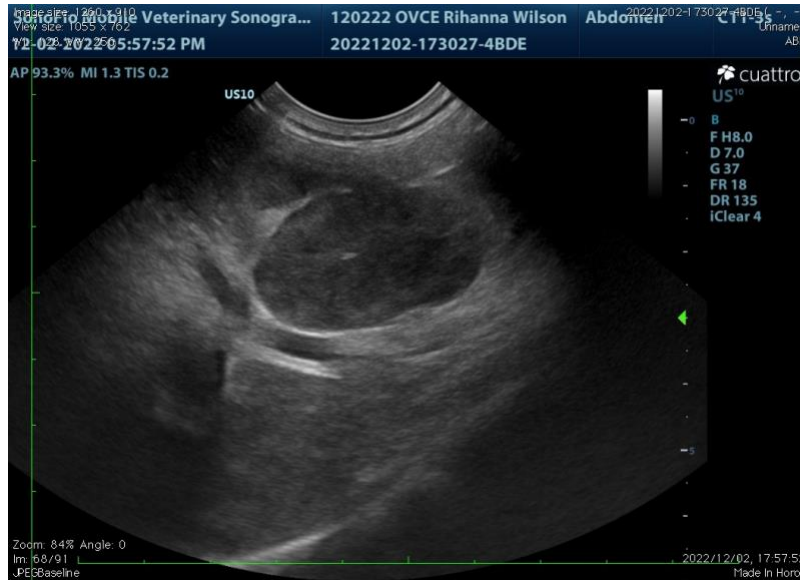
Sonya Myers, DVM

**HOSPITAL NAME**

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 Emergency

**REFERRING VET**

Dr Adams



**INVOICE**

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**DATE**

12/3/22

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)  
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