



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Sissy Marcy  
**SPECIES** Canine  
**BREED** Chow  
**SEX** FS  
**Age** 7 years  
**WEIGHT** 45 #

History: Seizures.  
 Physical Examination: N/A.  
 Urinalysis: N/A.  
 CBC: N/A.  
 Serum Biochemistry: Hypoglycemia, mildly decreased Na:K ratio.  
 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 (0.4 cm), and iliac blood vessels.

Normal lymph nodes (2.7 cm). Ureters not visualized.

Normal renal size (left 5 cm, right 5.3 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal position, echogenic appearance, shape, and size. Left 0.42/0.49 cm, right 0.48/0.4 cm.

**Spleen**

Normal size (1.8 cm) 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 evident. Large irregular lobulated mottled echogenic vascularized parenchymal mass (4 x 6 cm) in the left liver lobe. FNA taken with no obvious post aspirate hemorrhage. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

**INTERPRETED BY**

Remo Lobetti, BVSc,  
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ECVIM

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**REFERRING VET**

Dr McIntosh

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303621

**DATE**

12/3/22



**PATIENT** *Gastrointestinal*

Sissy Marcy Normal appearance of the small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (jejunum 0.43, colon 0.18 cm) and peristaltic activity, and no distension of the lumen. Thickening of the stomach (0.77 cm) and duodenum (0.53 cm) with normal wall layering and no distension of the lumen.

**SPECIES**

Canine

*Pancreas*

**BREED**

Chow

Normal size (right 1.8 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SEX**

FS

*Free Abdomen*

Mesenteric lymphadenomegaly (1.6 x 1.9 cm) with rounded shape and hypoechogenic appearance.

**Age**

No ascites.

7 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

45 #

Primary Findings:

- Hepatic mass.
- Gastroenteropathy.
- Mesenteric lymphadenomegaly.

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Secondary Findings:

- Gall bladder sediment.

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Sonya Myers, DVM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Oviedo Veterinary Care and  
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Etiologies for the hepatic mass would be hepatoma, neoplasia, nodular regeneration, organized abscess, and granuloma.

Etiologies for the gastroenteropathy would be non-specific gastroenteritis (viral, bacterial, protozoal, helminths, toxins, dietary indiscretion), inflammatory bowel disease, and dietary hypersensitivity.

**REFERRING VET**

Dr McIntosh

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

Further assessment needs to be based on the pending cytology results but could include 3-view thoracic radiographs, fecal analysis, and FNA cytology of the lymph nodes.

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Specific therapy would be dependent on an etiological diagnosis.

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**PATIENT IMAGES**

Sissy Marcy **Liver**

**SPECIES**

Canine

**BREED**

Chow

**SEX**

FS

**Age**

7 years

**WEIGHT**

45 #



**INTERPRETED BY Stomach**

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**PATIENT** Duodenum

Sissy Marcy

**SPECIES**

Canine

**BREED**

Chow

**SEX**

FS

**Age**

7 years

**WEIGHT**

45 #



**Mesenteric lymph node**

**INTERPRETED BY**

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**IMAGING PERFORMED BY**

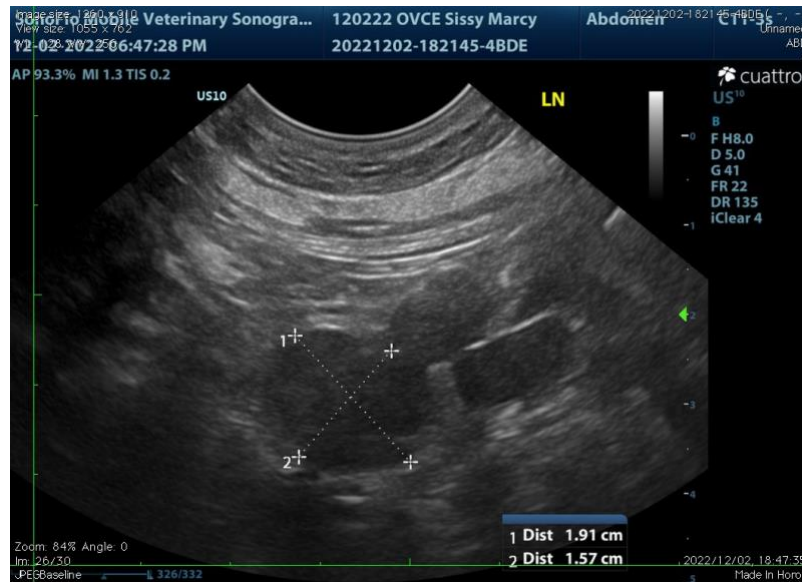
Sonya Myers, DVM

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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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