



PATIENT PRESENTING CLINICAL SIGNS

Trouble Schwartz History: Anorexia, vomiting, diarrhea.

SPECIES Physical Examination: N/A.

Canine Urinalysis: Isosthenuria.

CBC: N/A.

BREED Serum Biochemistry: Elevated liver enzyme activity, azotemia. Positive *Leptospira* titer but recently vaccinated and PCR pending.

Bichon Frise

Radiographic Findings: Liver mass.

SEX

MN

Age

14 years

WEIGHT

12 #

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Empty urinary bladder with a normal thickness and appearance of the wall. Small amount of floating hyperechogenic sediment. No uroliths evident. Urinary catheter present.

Normal trigone area, proximal urethra (0.5 cm), and iliac blood vessels.

Normal iliac lymph nodes (1.3 cm). Ureters not visualized.

Normal renal size (left 4.7 cm, right 5.1 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

Reproductive System

Small hypoechogenic prostate (1 cm).

Adrenal Glands

Normal position, echogenic appearance, and shape. Bilaterally enlarged. Left 0.74/0.56 cm, right 0.79/0.41 cm.

Spleen

Normal size (1.3 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 isoechogenic parenchymal mass (3 x 6 cm) in the region of the gall bladder. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

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Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

REFERRING VET

Dr Smith

INVOICE

303622

DATE

12/3/22


PATIENT *Gastrointestinal*

Trouble Schwartz

Normal appearance of the stomach, duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (stomach 0.26 cm, duodenum 0.34 cm, jejunum 0.4 cm) and peristaltic activity, and no distension of the lumen. Thickening of the colon (0.47 cm) with normal wall layering and no distension of the lumen.

SPECIES

Canine

Pancreas
BREED

Bichon Frise

Enlarged (2.3 cm) with a hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen
SEX

Normal mesenteric lymph nodes (0.3 x 1.5 cm).

MN

No ascites.

Age

14 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

WEIGHT

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- Hepatic mass.
- Pancreatitis.
- Colonic thickening.
- Adenomegaly.

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Secondary Findings:

- Age-related renal changes vs renal disease.
- Urinary bladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatic mass would be hepatoma, neoplasia, organized abscess, and granuloma.

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Etiologies for the colon would be parasitic, granulomatous disease, ulcerative disease, inflammatory bowel disease, and neoplasia.

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Etiologies for the adenomegaly would be disease stress and pituitary-dependent Cushing's disease.

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Although the appearance of the kidneys may merely be age-related changes but with the azotemia, acute kidney injury and bacterial nephritis needs to be considered.

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Further assessment would be urine culture, fecal analysis, cPL/PSL assay, 3-view thoracic radiographs, FNA cytology of the liver mass, and possibly adrenal function testing (ACTH stimulation/LDDS test) and colonoscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Initial management would be fluid therapy, anti-emetics, analgesics, low-fat intestinal diet, and intestinal binders/absorbents.



PATIENT

Trouble Schwartz

SPECIES

Canine

BREED

Bichon Frise

SEX

MN

Age

14 years

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IMAGES

Liver



Colon



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PATIENT Left adrenal

Trouble Schwartz

SPECIES

Canine

BREED

Bichon Frise

SEX

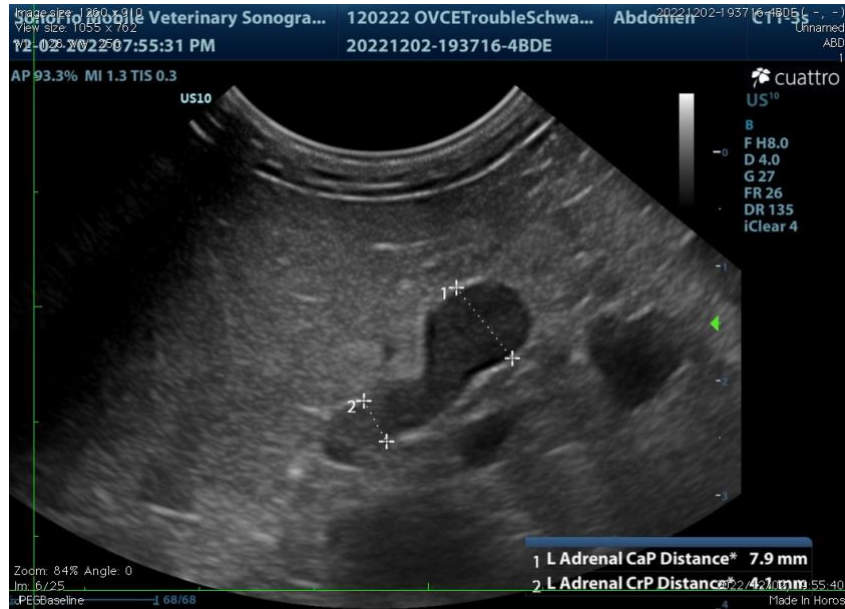
MN

Age

14 years

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Pancreas

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PATIENT Urinary bladder

Trouble Schwartz

SPECIES

Canine

BREED

Bichon Frise

SEX

MN

Age

14 years

WEIGHT

12 #



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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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