



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Charla Reiter History: IMHA, suspected splenomegaly on Afast scan.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

Mixed Radiographic Findings: N/A.

SEX

FS

Age

12 years

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.

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

76 # Normal iliac lymph nodes (1.7 cm). Ureters not visualized.

Normal renal size (left 7.2 cm, right 7.8 cm) with increased echogenic appearance, and normal cortico-medullary differentiation, pelvis and capsule.

INTERPRETED BY

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Reproductive System

N/A.

IMAGING PERFORMED BY

Sonya Myers, DVM

Adrenal Glands

Normal position, echogenic appearance, and shape but bilaterally enlarged. Left 0.82/0.46 cm, right 0.73/0.85 cm.

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

Spleen

Enlarged (4.2 cm) with increased echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Multiple mottled echogenic-to-hyperechogenic parenchymal nodules up to 3 cm in size.

REFERRING VET

Dr Malisse

Liver

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Enlarged with rounded edges, hyperechogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing large amount of hyperechogenic sediment. Thickened and edematous appearance of the gall bladder wall. Normal bile duct (0.3 cm).

DATE

12/6/22


PATIENT *Gastrointestinal*

Charla Reiter

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.35 cm, jejunum 0.35, colon 0.23 cm) and peristaltic activity, and no distension of the lumen. Ingesta and shadowing material (2.8 cm) within the stomach with no evidence of pyloric obstruction.

SPECIES

Canine

Pancreas
BREED

Mixed

Normal size (right 1.1 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen
SEX

FS

Mesenteric lymphadenomegaly (0.7 x 1.2 cm) with normal shape and echogenic appearance. Small amount of ascites.

Age

12 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

WEIGHT

76 #

- Splenomegaly.
- Splenic masses.
- Cholecystitis.
- Hepatopathy.
- Bilateral adrenomegaly.
- Mesenteric lymphadenomegaly.
- Ascites.

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Secondary Findings:

- Age-related renal changes.
- Gastric foreign material.

IMAGING PERFORMED BY

Sonya Myers, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
HOSPITAL NAME

Etiologies for the splenomegaly would be reactive, hyperplasia, splenitis, and infiltrative neoplasia.

Oviedo Veterinary Care and
 Emergency

Etiologies for the splenic masses would be reactive hyperplasia, granulomas, organized abscesses, and neoplasia.

REFERRING VET

Dr Malisse

Etiologies for the hepatopathy would be secondary to the IMHA, vacuolar, metabolic, hepatitis, and infiltrative neoplasia.

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The most likely etiology for the lymph nodes would be reactive with lymphadenitis and infiltrative neoplasia, less likely differential diagnoses.

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

DATE

12/6/22

The ascites can be ascribed to the intra-abdominal pathology.

Initial further assessment would be FNA cytology of the spleen, splenic nodules, and liver.

Specific therapy would be dependent on an etiological diagnosis.



PATIENT IMAGES

Charla Reiter

Spleen

SPECIES

Canine

BREED

Mixed

SEX

FS

Age

12 years

WEIGHT

76 #

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HOSPITAL NAME

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Dr Malisse

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PATIENT Liver/gall bladder

Charla Reiter

SPECIES

Canine

BREED

Mixed

SEX

FS

Age

12 years

WEIGHT

76 #



Stomach

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Dr Malisse

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PATIENT Right adrenal

Charla Reiter

SPECIES

Canine

BREED

Mixed

SEX

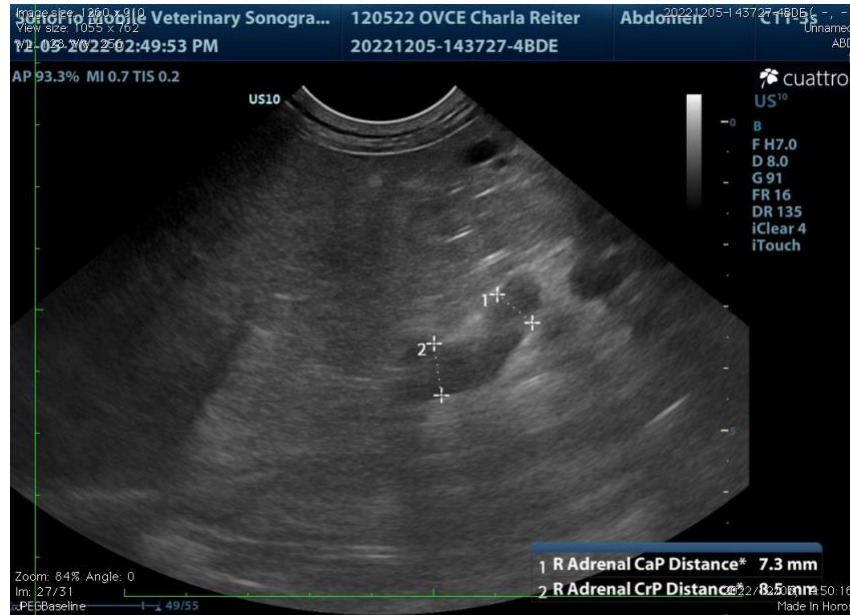
FS

Age

12 years

WEIGHT

76 #



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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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 Emergency

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