

**PATIENT**

Bella Lendl

**SPECIES**

Canine

**BREED**

GSD

**SEX**

FS

**AGE**

11 years

**WEIGHT**

68#

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Sebastian Animal  
Hospital

**REFERRING VET**

Dr Finkelstein

**INVOICE**

302742

**DATE**

2/11/22

**PRESENTING CLINICAL SIGNS**

History: Presented for growth on elbow. Hepatopathy on previous ultrasound.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with a normal appearance and thickness of the wall. Normal anechoic urine with no sediment or uroliths evident.

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

Normal iliac lymph nodes (2.9 cm). Ureters not visualized.

Normal renal size (left 6.1 cm, right 7.8 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position. Left 0.61/0.59 cm, right 0.56 cm.

**Spleen**

Normal size with a diffuse mottled echogenic and nodular appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted. FNA taken with no obvious aspirate hemorrhage.

**Liver**

Normal size with a diffuse hyperechogenic appearance, and some loss of portal markings. No nodules or masses evident. FNA taken with no obvious aspirate hemorrhage. Full gall bladder containing moderate amount of hyperechogenic adherent sediment. Thickened and hyperechogenic appearance of the gall bladder wall. Normal bile duct (0.41 cm).



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***Gastrointestinal***

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.33 cm, jejunum 0.34 cm) and peristalsis, and no distension of the lumen. Segmental thickening of the gastric wall (up 1.2 cm) with no loss of layering.

***Pancreas***

Normal size (right 1 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

***Free Abdomen***

Normal mesenteric lymph nodes (4.1 cm).  
No ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Hepatopathy.
- Cholecystitis.
- Splenic pathology.
- Gastric thickening.

Secondary findings:

- None.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the hepatopathy would be reactive, vacuolar, metabolic, nodular regeneration, chronic hepatitis, early cirrhosis, granulomatous disease, and neoplasia.

The appearance of the gall bladder is indicative of cholecystitis, which may not be active as there is neither no obvious change in the surrounding liver tissue or fluid accumulation around the gall bladder.

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

Etiologies for the gastric thickening would be non-specific gastritis, *Helicobacter* gastritis, parasitic, ulcerative disease, granulomatous disease, inflammatory bowel disease, and dietary hypersensitivity.

Further assessment needs to be based on the results of the FNA cytology of the spleen and liver but could include fecal analysis, CBC, serum biochemistry, and gastroscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



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**IMAGES**

**Liver**



**Gall bladder**



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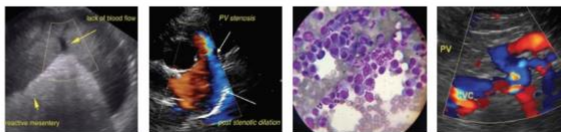
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**Spleen**



**Stomach**



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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.

**Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)**  
rlobetti@mweb.co.za