



**PATIENT**

Ivy Wagner

**SPECIES**

Canine

**BREED**

Yorkshire terrier

**SEX**

FS

**AGE**

12 years

**WEIGHT**

12.3 #

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Brent Crutchfield, DVM

**HOSPITAL NAME**

Treasure Coast Animal  
Emergency

**REFERRING VET**

Angela Cail

**INVOICE**

303886

**DATE**

2/13/23

**PRESENTING CLINICAL SIGNS**

History: Acute onset dyspnea.

Physical Examination: Pulmonary crackles on auscultation.

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 thickness (0.1 cm) and appearance of the wall. Small amount of floating hyperechogenic sediment. No uroliths evident.

Normal trigone area, proximal urethra (0.8 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.3 cm, right 3.9 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Incidental cortical cyst in the right kidney (0.5 cm). Bilateral non-obstructing nephroliths up to 0.4 cm in size.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Left 0.54 cm, right 0.72 cm.

**Spleen**

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Large mottled echogenic irregular parenchymal mass (6 cm) in body of the spleen with bulging of the overlying capsule.

**Liver**

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Hypoechoic parenchymal nodule in the left lobe (0.8 cm). No masses evident. Full gall bladder containing normal anechoic bile. Normal thickness (0.1 cm) and echogenic appearance of the gall bladder wall. Normal bile duct.



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***Gastrointestinal***

Normal appearance of the gastro-esophageal junction, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.24 cm, duodenum 0.47 cm, jejunum 0.27 cm, colon 0.1 cm) and peristalsis, and no distension of the lumen.

***Pancreas***

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

***Free Abdomen***

No mesenteric lymphadenomegaly.  
No ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Splenic mass.
- Liver nodule.

Secondary findings:

- Age-related renal changes.
- Nephroliths.
- Gall bladder sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the splenic mass would be organized hematoma, granuloma, focal splenitis, abscess, and neoplasia.

Etiologies for hepatic nodule would be incidental hyperplasia, focal abscess, granuloma, and neoplasia.

It is unlikely that the presenting clinical signs can be attributed to these ultrasound findings.

Further assessment would be 3-view thoracic radiographs and FNA cytology of the splenic mass and possibly the hepatic nodule.

Specific therapy would be dependent on an etiological diagnosis.



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**IMAGES**

**Spleen**





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**Liver**



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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

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