



**PATIENT PRESENTING CLINICAL SIGNS**

Sunny Cox History: Progressive increase in ALP activity.

**SPECIES** Physical Examination: N/A.

Canine Urinalysis: N/A

CBC: N/A.

**BREED** Serum Biochemistry: Elevated ALP activity, hypercalcemia. PTH pending.

Labrador Mix Radiographic Findings: NA.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

FS **Urinary System**

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

10 years Normal trigone area, proximal urethra (0.2 cm), and iliac blood vessels.

**WEIGHT** Normal iliac lymph nodes (2 cm). Ureters not visualized.

96 # Normal renal size (left 7.4 cm, right 8.1 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**INTERPRETED BY** **Reproductive System**

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

**Adrenal Glands**

**IMAGING PERFORMED BY** Left – normal position, echogenic appearance, and shape but enlarged (0.76/0.64 cm).

Sonya Myers, DVM

Right – normal position, echogenic appearance, shape, and size (0.59/0.69cm). Hyperechogenic parenchymal nodule (0.7 x 0.9 cm) in the cranial pole.

**HOSPITAL NAME**

Lake Emma Animal Hospital

**Spleen**

**REFERRING VET**

Dr Lesmes

Normal size (3 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Focal ill-defined mottled echogenic vascularized mass (2 x 3.5 cm) in the head of the spleen.

**Liver**

**INVOICE**

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Normal size with a diffuse hyperechogenic appearance, loss of portal markings, and regular curvilinear capsule. Well defined mottled echogenic parenchymal mass (2.6 x 3.8 cm) in the left lobe. 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).

**DATE**

2/18/23


**PATIENT** *Gastrointestinal*

Sunny Cox Normal appearance of the stomach, ileo-cecal junction, colon with no loss of layering, normal wall thickness (stomach 0.33 cm, colon 0.22 cm) and peristaltic activity, and no distension of the lumen.

**SPECIES** Thickening of the duodenum (0.74 cm) and small intestine (0.53 cm) with no loss of layering or distension of the lumen.

Canine

*Pancreas*

**BREED** Normal size (left 1.3 cm, right 1.1 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Labrador Mix

*Free Abdomen*

**SEX** Normal mesenteric lymph nodes (2.4 cm).

FS No ascites.

**Age** *Thyroid glands*

10 years Hypoechoic nodules in both thyroid glands. Left 0.2 x 0.4 cm, right 0.4 x 0.7 cm.

**WEIGHT**

96 #

**ULTRASONOGRAPHIC FINDINGS**

## Primary Findings:

- Hepatopathy.
- Hepatic mass.
- Splenic nodule.
- Left adrenomegaly.
- Right adrenal nodule.
- Thyroid nodules.
- Enteropathy.

## Secondary Findings:

- Gall bladder sediment.

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Dr Lesmes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the hepatopathy would be reactive, hyperplasia, metabolic, vacuolar, chronic hepatitis, and infiltrative neoplasia.

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Etiologies for the hepatic mass would be nodular regeneration, hepatoma, granuloma, organized hematoma, and neoplasia.

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

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Although the left adrenomegaly is most likely an incidental disease stress/age-related finding, emerging Cushing's disease needs to be considered.



**PATIENT**

Etiologies for the right adrenal nodule would be non-functional/functional adenoma and emerging carcinoma.

Sunny Cox

With the hypercalcemia, the thyroid nodules are most likely functional parathyroid adenomas.

**SPECIES**

Canine

Etiologies for the enteropathy would be inflammatory bowel disease, parasitic enteritis, dietary hypersensitivity, and emerging lymphoma.

**BREED**

Labrador Mix

Further assessment would be FNA cytology of the hepatic and splenic masses and thyroid nodules. Additional assessment that could be considered would be fecal analysis, 3-view thoracic radiographs, adrenal function testing (ACTH stimulation/LDDS test), and endoscopy of the upper GI tract with biopsies.

**SEX**

Specific therapy would be dependent on an etiological diagnosis.

FS

**Age**

**IMAGES**

10 years

**Liver**

**WEIGHT**

96 #

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**PATIENT** Spleen

Sunny Cox

**SPECIES**

Canine

**BREED**

Labrador Mix

**SEX**

FS

**Age**

10 years

**WEIGHT**

96 #



**Right adrenal**

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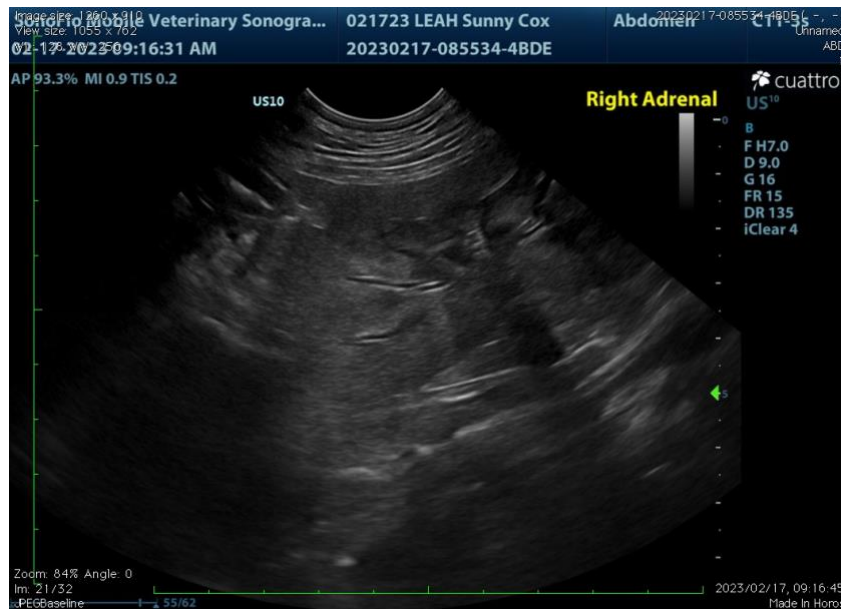
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**PATIENT** Left thyroid

Sunny Cox

**SPECIES**

Canine

**BREED**

Labrador Mix

**SEX**

FS

**Age**

10 years

**WEIGHT**

96 #

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**Right thyroid**



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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