



PATIENT PRESENTING CLINICAL SIGNS

Frankie Rosenfeld History: 1-month duration decreased appetite with more recent intermittent vomiting. Some urinary incontinence with no PuPd, possibly cognitive or visual/hearing impairment

SPECIES

Physical Examination: Pale mucosa, grade II systolic murmur, sarcopenia. Hypertension.

Canine

Urinalysis: Hyposthenuria, proteinuria.

BREED

CBC: Stress leukogram, thrombocytosis.

Italian greyhound

Serum Biochemistry: Mild azotemia, hypoalbuminemia, elevated ALP activity. Normal BNP and cPL.

SEX

Radiographic Findings: Mild cardiomegaly, possible mass effect mid-abdomen, hepatomegaly.

MN

AGE

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

13 years

Urinary System

WEIGHT

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

9.6 kg

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

INTERPRETED BY

Normal iliac lymph nodes (0.9 cm). Ureters not visualized.

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

Normal renal size (left 6 cm, right 5.8 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

Reproductive System

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N/A.

Dr Lee Gregory, DVM

Adrenal Glands

HOSPITAL NAME

Normal shape, echogenic appearance, size, and position. Left 0.78 cm.

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Spleen

REFERRING VET

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

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Liver

INVOICE

Enlarged with rounded edges, diffuse mottled echogenic appearance, and loss of portal markings. Multiple parenchymal nodules of varying sizes and varying from hypoechogenic to hyperechogenic in appearance. Small gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

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Gastrointestinal

2/18/22

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen.



PATIENT *Pancreas*

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

SPECIES *Free Abdomen*

Canine No mesenteric lymphadenomegaly.
No ascites.

BREED Large irregular mottled echogenic cystic mass not obviously associated with any organ in the cranial mid-abdomen. Cystic fluid appears to be cellular in nature. Mesentery surrounding the mass has a hyperechogenic appearance and is adherent to the mass.

Italian greyhound

SEX **ULTRASONOGRAPHIC FINDINGS**

MN Primary Findings:

- AGE**
- Abdominal mass.
 - Nodular hepatopathy.

13 years

WEIGHT Secondary Findings:

- Age-related renal disease.

INTERPRETED BY **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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MMedVet (Med), PhD,
Dipl. ECVIM

Etiologies for the mass would be neoplasia, abscess, granuloma, hematoma.

Etiologies for the nodular hepatopathy would be chronic hepatitis, nodular regeneration, and metastatic neoplasia.

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Further assessment would be FNA cytology of the liver and hepatic nodules. Although FNA cytology of the mass can be considered, if it is an abscess then a potential complication would be rupture and/or seeding the abdominal cavity with pus. Laparotomy should be considered as it could be both diagnostic and therapeutic as well as allowing wedge biopsy of the liver and hepatic nodules.

HOSPITAL NAME

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Specific therapy would be dependent on an etiological diagnosis.

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PATIENT

Frankie Rosenfeld

IMAGES

Mass

SPECIES

Canine

BREED

Italian greyhound

SEX

MN

AGE

13 years

WEIGHT

9.6 kg

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PATIENT Liver

Frankie Rosenfeld

SPECIES

Canine

BREED

Italian greyhound

SEX

MN

AGE

13 years

WEIGHT

9.6 kg



INTERPRETED BY

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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)
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