



PATIENT PRESENTING CLINICAL SIGNS

Zoe Woodward History: Lethargy, polypnea, intermittent anorexia, polydipsia, vomiting, weight loss. Previous history of pancreatitis.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

BREED CBC: Microcytic, hypochromic anemia, neutrophilia, monocytosis.

Pembroke Welsh Corgi Serum Biochemistry: Hypoalbuminemia, mildly increased ALP activity, amylase and lipase.

Radiographic Findings: Splenomegaly, normal thorax.

SEX

FS

AGE

13 years

WEIGHT

30 #

INTERPRETED BY

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

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.

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 5.9 cm, right 6.3 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal blood flow, pelvis, and capsule.

Reproductive System

N/A.

Adrenal Glands

Normal position, shape, echogenic, and size.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Large mottled echogenic cavitory mass in the tail of the spleen with bulging of the overlying capsule. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size with increased echogenic appearance, loss of portal markings, and regular curvilinear capsule. Irregular mottled echogenic mass-like appearance of the caudal lobe with bulging of the overlying capsule. Focal hyperechogenic parenchymal nodule in the caudal lobe. Full gall bladder containing small amount of hyperechogenic sediment. Normal appearance and thickness of the gall bladder wall. Normal bile duct.

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DATE

2/21/23

IMAGING PERFORMED BY

Dr Danielle Lanz

HOSPITAL NAME

New Holland Veterinary
Hospital

REFERRING VET

Dr Danillelle Lanz



PATIENT *Gastrointestinal*

Zoe Woodward 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. Section of the small intestine has a thickened and hypoechoic appearance with loss of layering.

SPECIES

Canine

BREED

Pembroke Welsh Corgi

Pancreas

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

Free Abdomen

SEX

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No mesenteric lymphadenomegaly.
No ascites evident.

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Thorax

Normal appearance of the heart.
No pericardial effusion.
No pleural effusion evident.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- Splenic mass.
- Hepatic mass.
- Small intestinal mass.
- Hepatopathy.

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Secondary Findings:

- Hepatic nodule.
- Age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenic and hepatic mass would be neoplasia, granuloma, organized abscessation, organized hematoma.

REFERRING VET

Dr Danille Lanz

Although it is possible that small intestinal mass is merely superimposition of the splenic mass on a loop of small intestine, with the anemia and hypoalbuminemia, etiologies that need to be considered would be intestinal neoplasia, granuloma, and mural abscessation.

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

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Further assessment would be FNA cytology of the hepatic and splenic masses and possibly a laparotomy, which could be both diagnostic and therapeutic. Alternatively, a CT scan could be considered to further elucidate the abdominal pathology.

Specific therapy would be dependent on an etiological diagnosis.



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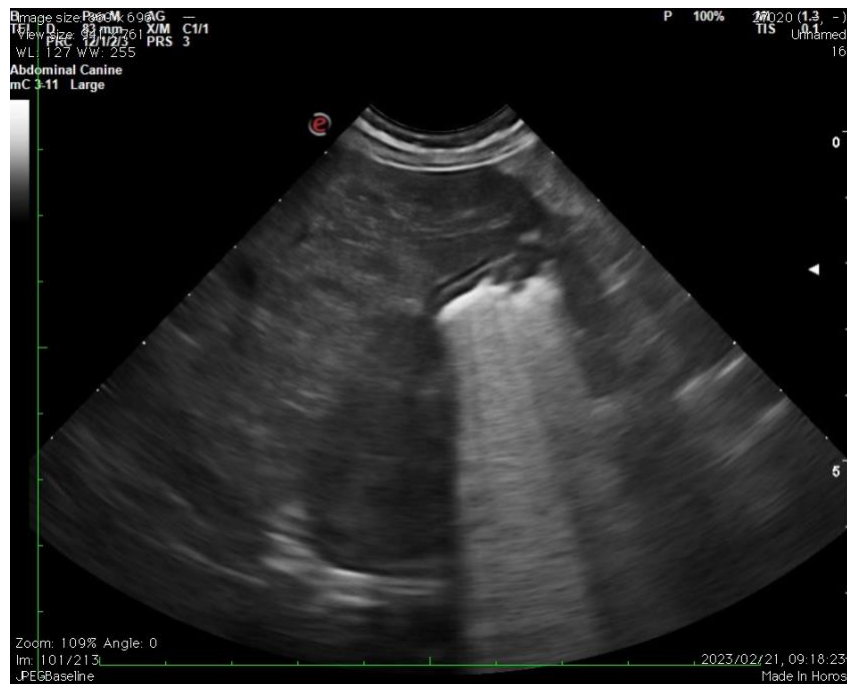
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IMAGES

Liver





PATIENT Spleen

Zoe Woodward

SPECIES

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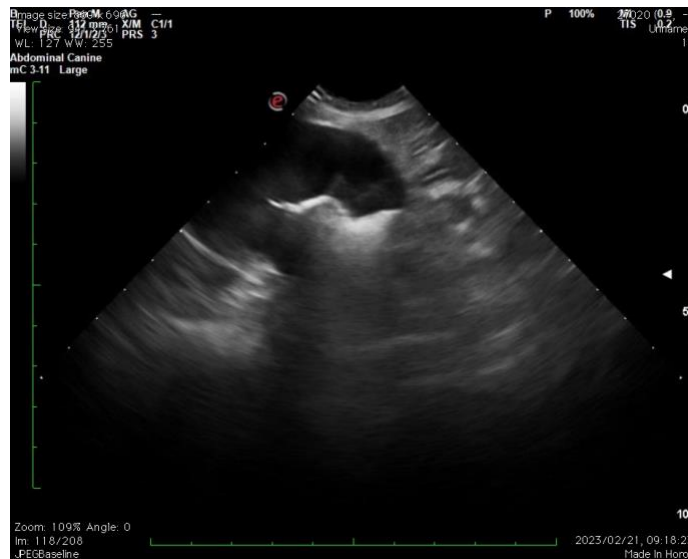
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Small intestine?



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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