

**PATIENT**

Chancey  
Dezic

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

FS

**AGE**

13 years

**WEIGHT**

5.6 #

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Lara Wiseman, DVM

**HOSPITAL NAME**

Coral Breeze Animal  
Hospital

**REFERRING VET**

Dr Cintron

**INVOICE**

302780

**DATE**

2/23/22

**PRESENTING CLINICAL SIGNS**

History: Intermittent diarrhea and anorexia.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: Elevated cPL.

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 (0.38 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 2.9 cm, right 3 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and pelvis. Focal cortical cyst (0.9 x 1 cm) in the cranial pole of the right kidney

**Reproductive System**

N/A.

**Adrenal Glands**

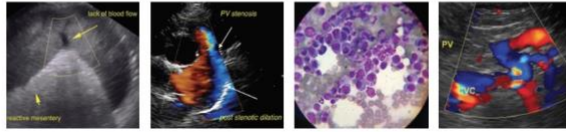
Normal shape, echogenic appearance, position, and size. Left 0.4 cm, right 0.37 cm.

**Spleen**

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

**Liver**

Enlarged with rounded edges, diffuse increased echogenic and nodular appearance, and some loss of portal markings. Nodules are parenchymal, hypoechoic, and up to 2 cm in size. Large, parenchymal hypoechoic mass within the left lobe (2.6 x 2.7 cm) with resultant distortion of the overlying capsule. FNA taken with no obvious post-aspirate hemorrhage. Small gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.15 cm).



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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 0.22 cm, duodenum 0.38 cm, jejunum 0.27 cm) and peristalsis, and no distension of the lumen.

***Pancreas***

Normal size (right 0.9 and 1.2 cm) 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:

- Nodular hepatopathy.
- Hepatic mass.

Secondary findings:

- Age-related renal changes.

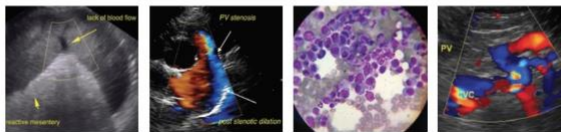
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

Etiologies of the hepatic mass would be hepatoma, extension of nodular regeneration, granuloma, hematoma, and primary hepatic neoplasia.

Further assessment needs to be based on the results of the liver cytology but could include 3-view thoracic radiographs and Tru-Cut or wedge biopsy of the liver and the mass. If surgical removal of the hepatic mass is being considered then CT scan of the thorax and abdomen would be recommended.

Specific therapy would be dependent on an etiological diagnosis.



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**IMAGES**

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