



PATIENT PRESENTING CLINICAL SIGNS

Gabi Kurley History: Possible seizure. Polypnea. History of elevated liver enzyme activity.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A

CBC: N/A.

BREED Serum Biochemistry: N/A.

Spaniel Radiographic Findings: N/A.

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.

12 years Normal trigone area, proximal urethra (0.5 cm), and iliac blood vessels.

WEIGHT Normal iliac lymph nodes (1.8 cm). Ureters not visualized.

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Normal renal size (left 5.3 cm, right 5.6 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

INTERPRETED BY **Reproductive System**

N/A.

Adrenal Glands

Left gland – normal position and echogenic appearance with rounded shape and enlarged (0.75/0.75 cm). Hyperechogenic parenchymal nodule in the cranial pole (0.6 x 0.7 cm).

Right gland – normal position, echogenic appearance, shape, and size (0.61/69 cm).

Spleen

Normal size (1.7 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes evident. Incidental myelolipomas

Liver

Enlarged with rounded edges, diffuse mottled echogenic and nodular appearance, loss of portal markings, and regular curvilinear capsule. Nodules are hypoechoic parenchymal and up to 2.1 cm in size. Mottled echogenic irregular vascularized parenchymal mass (2.4 x 2.9 cm) in the right lobe. FNA taken with no obvious post aspirate hemorrhage.

Gall bladder

Full containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).

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IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Banfield Colonial Town Park

REFERRING VET

Dr Trompeta

INVOICE

304005

DATE

3/11/23



PATIENT *Gastrointestinal*

Gabi Kurley Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.38 cm, duodenum 0.52 cm, jejunum 0.4 cm, colon 0.18 cm) and peristaltic activity, and no distension of the lumen.

SPECIES

Canine

Pancreas

Normal size (right 1.1 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

BREED

Spaniel

Free Abdomen

SEX

Normal mesenteric lymph nodes (2.4 cm).
No ascites evident.

FS

Age

ULTRASONOGRAPHIC FINDINGS

12 years

Primary Findings:

WEIGHT

40 #

- Nodular hepatopathy.
- Hepatic mass.
- Left adrenomegaly.
- Left adrenal nodule.

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Secondary Findings:

- None.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonya Myers, DVM

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

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

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Etiologies for the left adrenomegaly would be disease stress with emerging Cushing's disease a differential diagnosis. The adrenal nodule is most likely an incidental, non-functional adenoma.

Dr Trompeta

Further assessment needs to be based on the pending cytology results but could include 3-view thoracic radiographs, Tru-Cut/wedge biopsy of the liver and hepatic mass, and adrenal function testing (ACTH stimulation/LDDS test) if there are compatible signs of Cushing's disease.

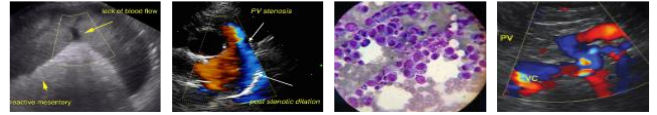
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Specific therapy needs to be based on an etiological diagnosis.

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PATIENT IMAGES

Gabi Kurley **Liver**

SPECIES

Canine

BREED

Spaniel

SEX

FS

Age

12 years

WEIGHT

40 #

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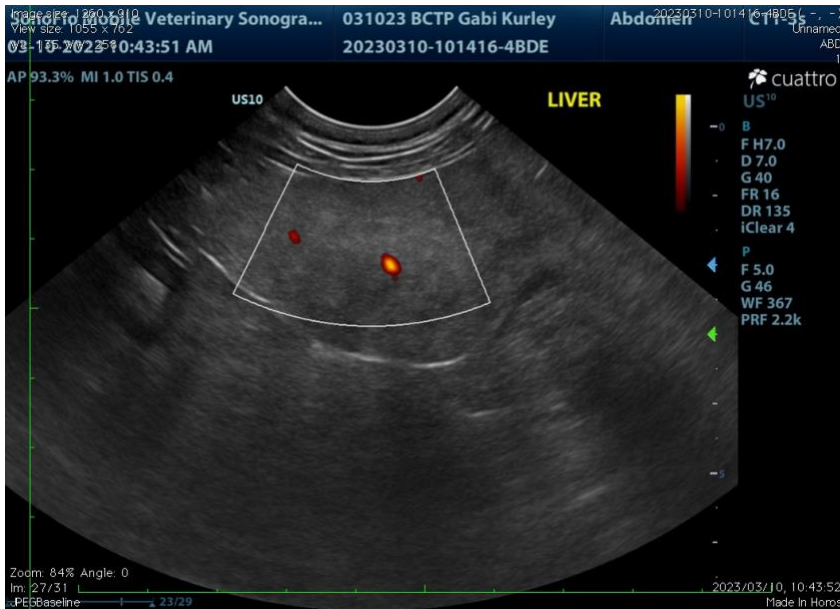
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PATIENT Left adrenal

Gabi Kurley

SPECIES

Canine

BREED

Spaniel

SEX

FS

Age

12 years

WEIGHT

40 #



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 MMedVet (Med), PhD, Dipl.
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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.

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