
**PATIENT**

Jetty Bear Gotwalt

**SPECIES**

Canine

**BREED**

Doodle

**SEX**

FS

**Age**

10 years

**WEIGHT**

86 #

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

 Oviedo Veterinary Care and  
 Emergency

**REFERRING VET**

Dr Cosgriff

**INVOICE**

304015

**DATE**

3/15/23

**PRESENTING CLINICAL SIGNS**

History: Abdominal mass picked on routine radiographs for hip dysplasia.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**Urinary System**

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

Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels.

Normal iliac lymph nodes (2.4 cm). Ureters not visualized.

Normal renal size (left 7.8 cm, right 8.1 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal position, echogenic appearance and shape but enlarged. Left 0.59/0.81 cm, right 0.68/0.93 cm.

**Spleen**

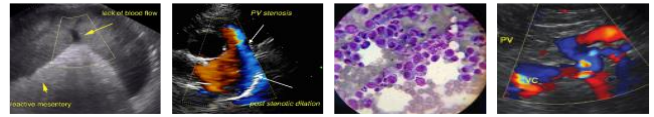
Absent.

**Liver**

Normal size with a mottled echogenic and nodular appearance, loss of portal markings, and regular curvilinear capsule. FNA taken with no obvious post-aspirate hemorrhage. Nodules are hypoechogenic, parenchymal, and of varying sizes. Poorly defined hyperechoic parenchymal mass (2.3 x 4.2 cm) in the caudate 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).

**Gastrointestinal**

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.47 cm, duodenum 0.41 cm, jejunum 0.37 cm, colon 0.21 cm) and peristaltic activity, and no distension of the lumen.



**PATIENT** *Pancreas*

Jetty Bear Gotwalt

Enlarged (right 2 cm) with a hypoechogenic and irregular appearance. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Canine

Mesenteric lymphadenomegaly (0.8 x 2.8 cm) with normal shape and echogenic appearance. No ascites evident.

**BREED**

Doodle

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Primary Findings:

FS

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- Pancreatitis.
- Nodular hepatopathy.
- Hepatic mass.
- Mesenteric lymphadenomegaly.
- Bilateral adrenomegaly.

**WEIGHT**

86 #

Secondary Findings:

- Gall bladder sediment.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

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

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The most likely etiology for the lymph nodes would be reactive hyperplasia with lymphadenitis and infiltrative neoplasia, less likely differential diagnoses.

**REFERRING VET**

Dr Cosgriff

Etiologies for the adrenal glands would be disease stress and emerging Cushing's disease.

Further assessment needs to be based on the pending cytology results but could include cPL/PSL assay, adrenal function testing (ACTH stimulation/LDDS test), and FNA cytology of the hepatic mass. Tru-Cut/wedge biopsy of the liver may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

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**IMAGES**

**Liver**





**PATIENT**

**Pancreas**

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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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