



**PATIENT PRESENTING CLINICAL SIGNS**

**Bella Scotchie** History: Polydipsia and polyphagia. On Denamarin.

**SPECIES** Physical Examination: N/A.

**Canine** Urinalysis: N/A.

CBC: N/A.

**BREED** Serum Biochemistry: Severely elevated ALP activity, elevated ALT activity.

**Chihuahua** 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.

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

**WEIGHT** Normal iliac lymph nodes (1.1 cm). Ureters not visualized.

**12 #** Normal renal size (left 4.2 cm, right 4.3 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**INTERPRETED BY** *Reproductive System*

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N/A.

*Adrenal Glands*

Normal shape, echogenic appearance, position, and size. Left 0.59/0.5 cm, right 0.47/0.46 cm.

*Spleen*

Normal size (1.3 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Hypoechoic parenchymal nodule (0.7 x 1.2 cm) in the body of the spleen with no bulging of the overlying capsule. Incidental myelolipomas.

*Liver*

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules evident. Large mottled echogenic irregular solid parenchymal mass (3.8 x 5.5 cm) in the left lateral lobe. Smaller mass (2.1 x 3.5 cm) of similar appearance medial to the larger mass. Hyperechogenic appearance of the cranial mesentery.

*Gall bladder*

Full containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.2 cm).

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**DATE**

3/23/23

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Banfield Oviedo

**REFERRING VET**

Dr Narayansingh



**PATIENT** *Gastrointestinal*

Bella Scotchie Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.43 cm, duodenum 0.47 cm, colon 0.23 cm) and peristaltic activity, and no distension of the lumen. Thickening of the small intestine (0.54 cm) with no loss of layering or distention of the lumen.

**SPECIES**

Canine

*Pancreas*

**BREED**

Chihuahua

Normal size (right 1 cm, left 1.2 cm) with a mottled echogenic appearance and irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

*Free Abdomen*

**SEX**

FS

Normal mesenteric lymph nodes (1.5 cm).  
No ascites evident.

**Age**

13 years

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Hepatic masses.
- Splenic nodule.
- Enteropathy.

**WEIGHT**

12 #

Secondary Findings:

- Pancreatic fibrosis.
- Gall bladder sediment.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

Etiologies for the enteropathy would be non-specific (dietary indiscretion, toxins), parasitic, inflammatory bowel disease, dietary hypersensitivity, and ulcerative disease, with neoplasia an unlikely differential diagnosis.

Etiologies for the splenic nodule would be reactive, hematoma, granuloma, abscess, and neoplasia.

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Further assessment would be fecal analysis, 3-view thoracic radiographs, and FNA cytology of the hepatic masses and splenic nodule. Tru-cut/wedge biopsy may, however be required for a final etiological diagnosis for the hepatic masses. CT scan would be recommended if surgical excision of the masses is being considered. Cobalamin assay and endoscopy of the upper GI tract with biopsies could also be considered.

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Specific therapy would be dependent on an etiological diagnosis.



**PATIENT**

Bella Scotchie

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

FS

**Age**

13 years

**WEIGHT**

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**IMAGES**

**Liver**





**PATIENT** Spleen

Bella Scotchie

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

FS

**Age**

13 years

**WEIGHT**

12 #



**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.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

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