



**PATIENT PRESENTING CLINICAL SIGNS**

**Mattie Sulosz** History: Poor appetite, lethargy.  
Physical Examination: Hepato-splenomegaly.

**SPECIES** Urinalysis: N/A.

Canine CBC: Thrombocytopenia, low MCV, low-normal hematocrit.

**BREED** Serum Biochemistry: Azotemia, elevated phosphate, liver enzyme activity, proteins, and bilirubin.  
Mixed Negative leptospirosis.

**SEX** Radiographic Findings: Abdominal mass.

FS

**AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

10 years **Urinary System**

Small urinary bladder with a normal thickness and appearance. Normal anechoic urine with no sediment or uroliths evident.

**WEIGHT** Thickened and irregular appearance of the trigone. Normal proximal urethra and iliac blood vessels.  
54.7 #

**INTERPRETED BY** Normal iliac lymph nodes. Ureters not visualized.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM  
Normal renal size (left 6.6 cm, right 5.7 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, and normal capsule and pelvis.

**Reproductive System**

**IMAGING PERFORMED BY** N/A.

Amy Mayhew, LVT **Adrenal Glands**

**HOSPITAL NAME** Normal shape, echogenic appearance, and position but plump in size. Left 0.72/0.92 cm, right 0.81 cm.

SVS Imaging CT **Spleen**

**REFERRING VET** Normal size and echogenic appearance. Small hypoechogenic parenchymal nodule in the body of the spleen. Large poorly vascularized mottled echogenic mass associated with the tail and distal body of the spleen.

Bell Veterinary Clinic of Oxford

**INVOICE Liver**

302851 Normal size, echogenic appearance, loss of portal markings. Large poorly vascularized mottled echogenic mass in the right liver lobe. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

**DATE**

3/30/22



**PATIENT** *Gastrointestinal*

Mattie Sulosz 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.

**SPECIES** *Pancreas*

Canine Enlarged with a diffuse hypoechogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**BREED** *Free Abdomen*

Mixed No mesenteric lymphadenomegaly.  
Small amount of ascites.

**SEX** **ULTRASONOGRAPHIC FINDINGS**

FS

**AGE** Primary Findings:

- 10 years
- Splenic mass.
  - Hepatic mass.
  - Urinary bladder mass.
  - Renal disease.

**WEIGHT** Secondary Findings:

- 54.7 #
- Ascites.
  - Plump adrenal glands.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Bell Veterinary Clinic of  
Oxford

**INVOICE**

302851

**DATE**

3/30/22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

As the appearance of both the splenic and hepatic masses are similar, the most likely etiology would be metastatic neoplasia and most likely hemangiosarcoma.

The appearance of the bladder trigone is consistent with neoplasia (transitional cell carcinoma) with granulomatous disease a less likely differential diagnosis.

The appearance of the kidneys is typical for chronic kidney disease.

The ascites can be ascribed as secondary to the masses and most likely hemorrhage.

The plump adrenal glands are most likely from disease stress with emerging pituitary-dependent Cushing's disease, a differential diagnosis.

Further assessment would be 3-view thoracic radiographs, urinalysis, and echocardiography. Thoracic and abdominal CT scan can also be considered, especially if surgery is being contemplated.

Although splenectomy and liver lobectomy can be considered, the concurrent bladder pathology and renal disease will affect the prognosis.



**PATIENT**

Mattie Sulosz

**IMAGES**

**Urinary bladder**

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

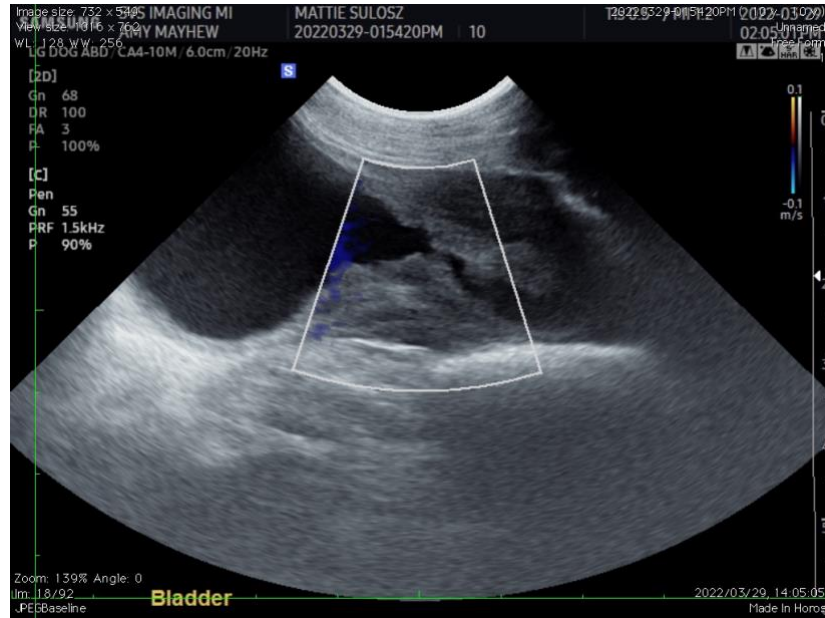
FS

**AGE**

10 years

**WEIGHT**

54.7 #



**INTERPRETED BY**

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

**Liver**

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

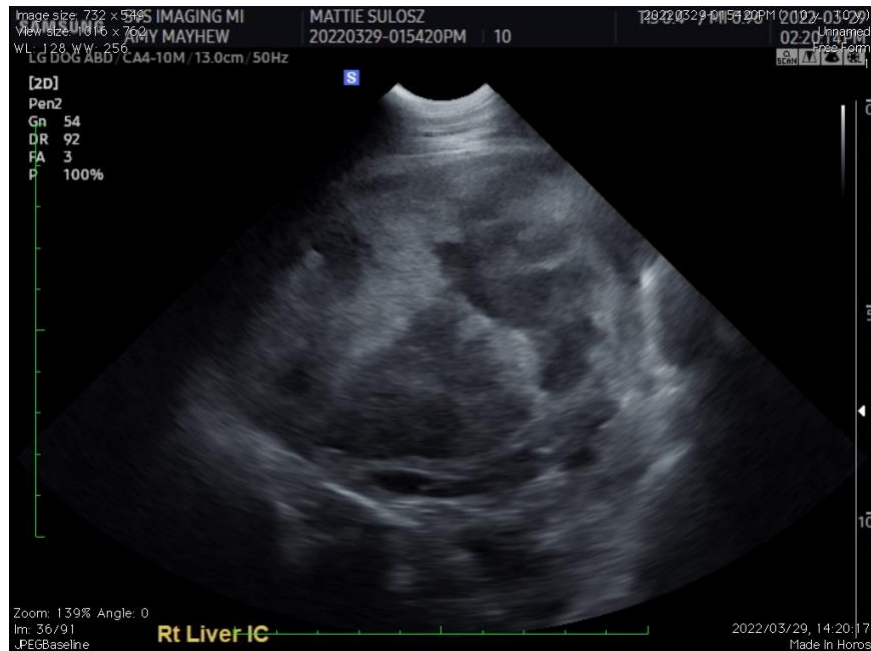
Bell Veterinary Clinic of  
Oxford

**INVOICE**

302851

**DATE**

3/30/22





**PATIENT Spleen**

Mattie Sulosz

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

FS

**AGE**

10 years

**WEIGHT**

54.7 #

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

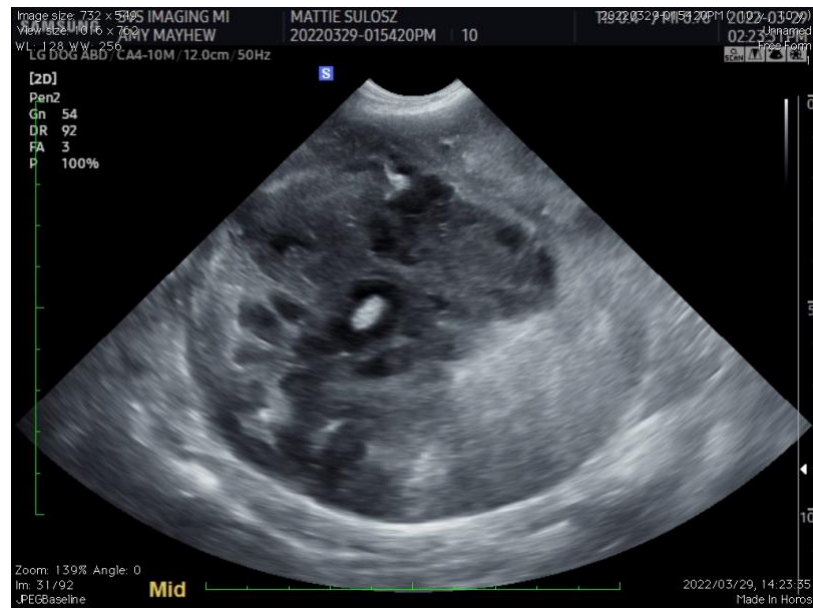
Bell Veterinary Clinic of  
Oxford

**INVOICE**

302851

**DATE**

3/30/22



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](mailto:rlobetti@mweb.co.za)