



PATIENT PRESENTING CLINICAL SIGNS

Harley Phillips History: Suspected splenic mass with hemabdomen. Hypothyroid.
Physical Examination: N/A.
SPECIES Urinalysis: N/A.
Canine CBC: Ht 44%, previously 21%.
BREED Serum Biochemistry: N/A.
Pitbull terrier 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. Moderate amount of floating hyperechogenic sediment present. No uroliths evident.
9 years

WEIGHT Normal trigone area, proximal urethra (0.7 cm), and iliac blood vessels.

72 # Normal iliac lymph nodes (1.5 cm). Ureters not visualized.

Normal renal size (left 7.9 cm, right 7.8 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

INTERPRETED BY **Reproductive System**

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM
Normal appearance of the uterine body (0.5 cm).

Adrenal Glands

IMAGING PERFORMED BY Normal position and echogenic appearance, flattened shape, and small. Left 0.34/0.28 cm, right 0.42/0.37 cm.
Sonya Myers, DVM

HOSPITAL NAME **Spleen**

Banfield Colonial Town Park Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes evident.

REFERRING VET **Liver**

Dr Trompeta Enlarged with rounded edges, hyperechogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules evident. Mottled echogenic irregular parenchymal vascularized mass (5.7 x 6.3 cm) in the left lobe. FNA taken without any obvious post aspirate hemorrhage.

INVOICE **Gall bladder**

304059 Full containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.2 cm).
DATE 3/30/23



PATIENT *Gastrointestinal*

Harley Phillips

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.4 cm, duodenum 0.5 cm, jejunum 0.41 cm, colon 0.17 cm) and peristaltic activity, and no distension of the lumen.

SPECIES

Canine

Pancreas

Normal size (right 0.9 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

BREED

Pitbull terrier

Free Abdomen

Mesenteric lymphadenomegaly (0.9 x 3.9 cm) with normal shape and echogenic appearance. No ascites evident.

SEX

FS

Age

9 years

Primary Findings:

WEIGHT

72 #

- Hepatopathy.
- Hepatic mass.
- Mesenteric lymphadenomegaly.

Secondary Findings:

- Small adrenal glands.
- Urinary bladder sediment.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be secondary to the mass, secondary to the cortisone therapy, reactive, hyperplasia, metabolic, chronic hepatitis, and infiltrative neoplasia.

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

Etiologies for the lymph nodes would be reactive, lymphadenitis, and infiltrative neoplasia.

The appearance of the adrenal glands is consistent with the cortisone therapy.

Further assessment needs to be based on the pending cytology results but could include urinalysis, urine culture, 3 view thoracic radiographs, FNA cytology of the lymph nodes and liver, and CT scan, especially if surgery is being considered.

Specific therapy would be dependent on an etiological diagnosis.

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IMAGES

Liver





PATIENT Mesenteric lymph node

Harley Phillips

SPECIES

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SEX

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 MMedVet (Med), PhD, Dipl.
 ECVIM

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

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
rlobetti@mweb.co.za

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