



**PATIENT PRESENTING CLINICAL SIGNS**

Sophie Polit History: Chronic nodular hepatopathy and PLE – relapse of diarrhea with no response to multiple medications.

**SPECIES** Physical Examination: Tense abdomen, fecal score 7.

Canine Urinalysis: N/A.

**BREED** CBC: N/A.

Scottish terrier Serum Biochemistry: Elevated ALP activity and mildly elevated ALT activity.

Radiographic Findings: N/A.

**SEX**

FS

**Age**

13 years

**WEIGHT**

22.4 #

**INTERPRETED BY**

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MMedVet (Med), PhD, Dipl.  
ECVIM

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with a normal thickness and appearance of the wall. Small amount of floating and dependent hyperechogenic sediment present. No sediment or uroliths evident.

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 5.2 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position.

**Spleen**

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Large mottled echogenic parenchymal mass (3.5 cm) in the tail of the spleen with bulging of the overlying capsule.

**Liver**

Enlarged with rounded edges with a diffuse coarse and fine nodular hyperechogenic appearance, loss of portal markings, and regular curvilinear capsule. No masses evident.

**Gall bladder**

Full containing normal anechoic bile. Normal thickness and appearance of the wall. Normal bile duct.

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**DATE**

3/29/23

**IMAGING PERFORMED BY**

Dr Mayra Sanchez

**HOSPITAL NAME**

Sunset Animal Hospital

**REFERRING VET**

Dr Mayra Sanchez



**PATIENT**

**Gastrointestinal**

Sophie Polit

Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen. Prominent hypoechogenic appearance of the submucosal layer of the small intestine with no loss of layering or distension of the lumen.

**SPECIES**

Canine

**Pancreas**

**BREED**

Scottish terrier

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

**SEX**

FS

No mesenteric lymphadenomegaly.  
No ascites evident.

**Age**

13 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

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Primary Findings:

- Splenic mass.
- Enteropathy.
- Hepatopathy.

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Secondary Findings:

- Age-related renal changes.
- Urinary bladder sediment.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the splenic mass would be hematoma, granuloma, organized abscess, and neoplasia.

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The appearance of the small intestine is in line with the previous diagnosis of protein losing enteropathy – primary lymphangectasia, inflammatory bowel disease, parasitic enteritis, and dietary hypersensitivity; with emerging lymphoma a differential diagnosis, especially with the poor response to therapy.

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The appearance of the liver is consistent with the previous diagnosis of chronic nodular hepatopathy.

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Further assessment would be urine and fecal analyses, urine culture, cobalamin assay, 3-view thoracic radiographs, echocardiography, and possibly laparotomy, which would allow for splenectomy, full thickness intestinal biopsies, and a wedge biopsy of the liver.

**DATE**

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Specific therapy would be dependent on an etiological diagnosis.



**PATIENT**

Sophie Polit

**SPECIES**

Canine

**BREED**

Scottish terrier

**SEX**

FS

**Age**

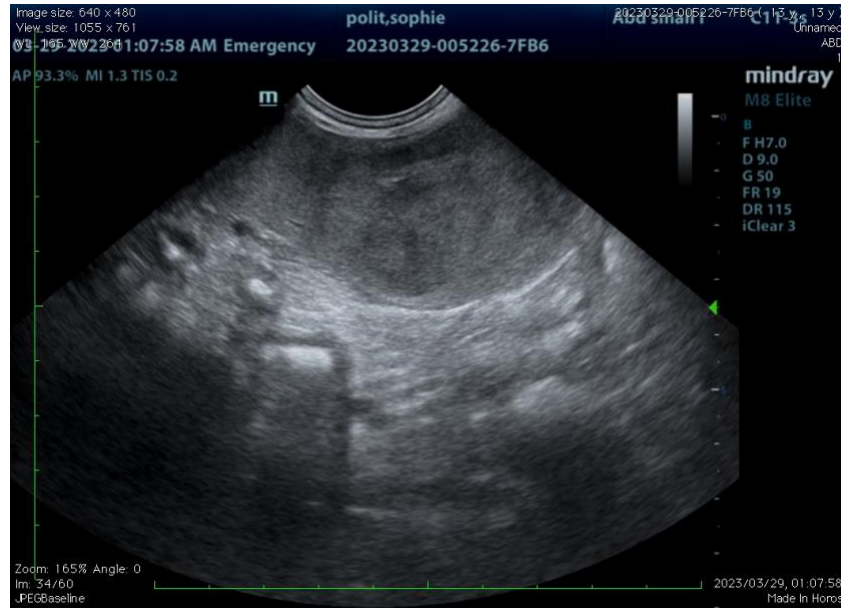
13 years

**WEIGHT**

22.4 #

**IMAGES**

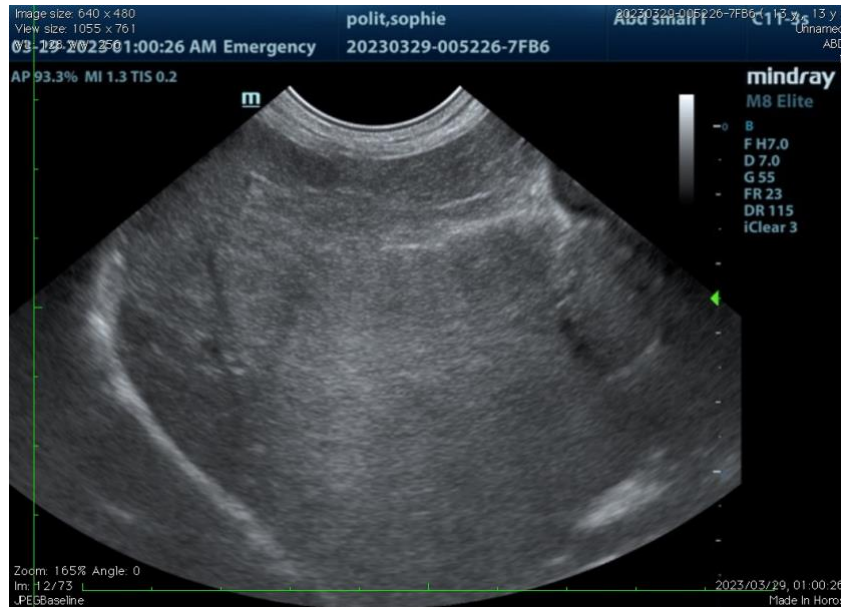
**Spleen**



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**Liver**



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**DATE**

3/29/23



**PATIENT**

**Small intestine**

Sophie Polit

**SPECIES**

Canine

**BREED**

Scottish terrier

**SEX**

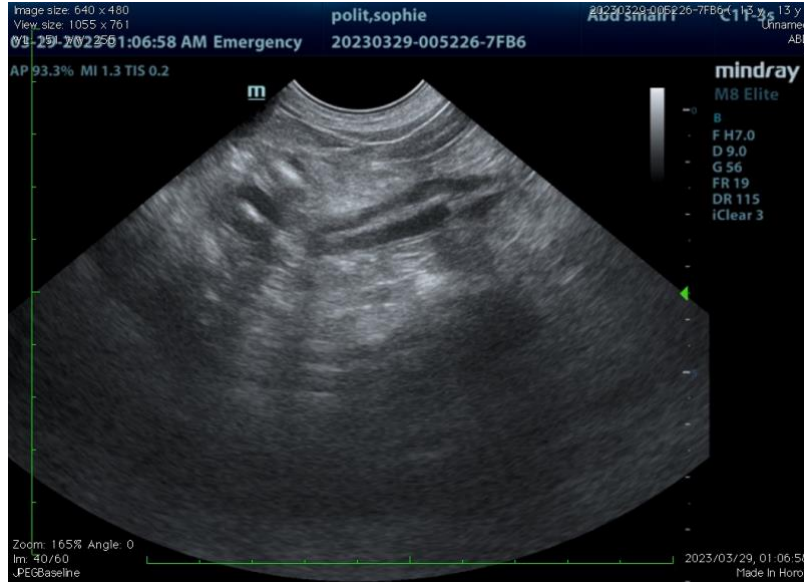
FS

**Age**

13 years

**WEIGHT**

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**Urinary bladder**

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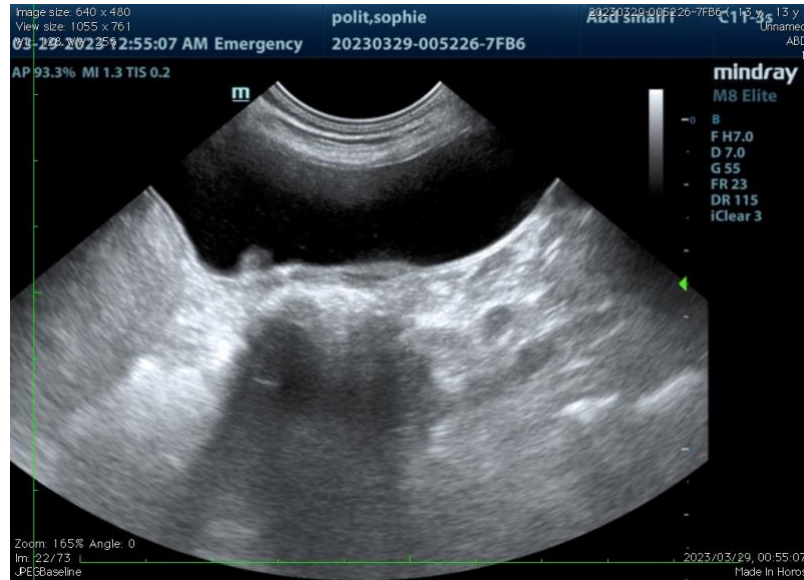
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**DATE**

3/29/23

**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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