



PATIENT PRESENTING CLINICAL SIGNS

Hazel Sardina History: Lethargy.
Physical Examination: N/A.
SPECIES Urinalysis: N/A.
Canine CBC: N/A.
BREED Serum Biochemistry: Elevated ALT activity.
Labrador 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.
3 years

WEIGHT Normal trigone area, proximal urethra (0.8 cm), and iliac blood vessels.

74 # Normal iliac lymph nodes (2.3 cm). Ureters not visualized.

Normal renal size (left 6 cm, right 7.1 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

INTERPRETED BY **Reproductive System**

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

Adrenal Glands

IMAGING PERFORMED BY Normal position, echogenic appearance, shape, and size. Left 0.65/0.43 cm, right 0.53/0.69 cm.

Sonya Myers, DVM

Spleen

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency Normal size (2.4 cm) with a normal echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

REFERRING VET **Liver**

Dr Cosgriff Small with increased echogenic and coarse appearance, normal portal markings, and irregular capsule in some areas. Focal hyperechogenic parenchymal nodule (2 x 2.1 cm) in the right liver with bulging of the overlying capsule. No masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).

INVOICE

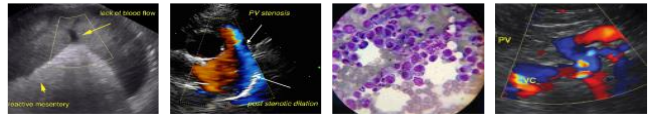
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DATE

3/7/23

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.39 cm, duodenum 0.39 cm, jejunum 0.31 cm, colon 0.22 cm) and peristaltic activity, and no distension of the lumen.



PATIENT *Pancreas*

Hazel Sardina

Normal size (right 1.4 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES

Free Abdomen

Canine

Normal mesenteric lymph node (1.1 cm).
Large amount of acellular ascites present.

BREED

Labrador

Smaller diameter of the portal vein (0.55 cm) compared to the aorta (0.8 cm) and caudal vena cava (0.87 cm).

No turbulent blood flow evident.

SEX

Thorax

FS

Normal appearance of the heart.

Age

No pericardial or pleural effusion evident.

3 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

Primary Findings:

74 #

- Hepatopathy.
- Hepatic nodule
- Small portal vein.
- Ascites.

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Secondary Findings:

- None.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

REFERRING VET

Dr Cosgriff

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be chronic hepatitis, breed-associated hepatitis, copper/iron hepatitis, post-acute hepatitis, cirrhosis, and secondary to congenital porto-systemic shunt or primary portal vein hypoplasia.

Etiologies for the hepatic nodule would be granuloma, organized abscess, organized hematoma, and neoplasia

The ascites is most likely a transudate secondary to the hepatopathy and portal hypertension.

INVOICE

Further assessment would be analysis of the ascitic fluid, CT angiogram, and liver biopsy.

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be liver diet, ursodiol, and spironolactone.

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PATIENT IMAGES

Hazel Sardina **Liver**

SPECIES

Canine

BREED

Labrador

SEX

FS

Age

3 years

WEIGHT

74 #

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IMAGING PERFORMED BY

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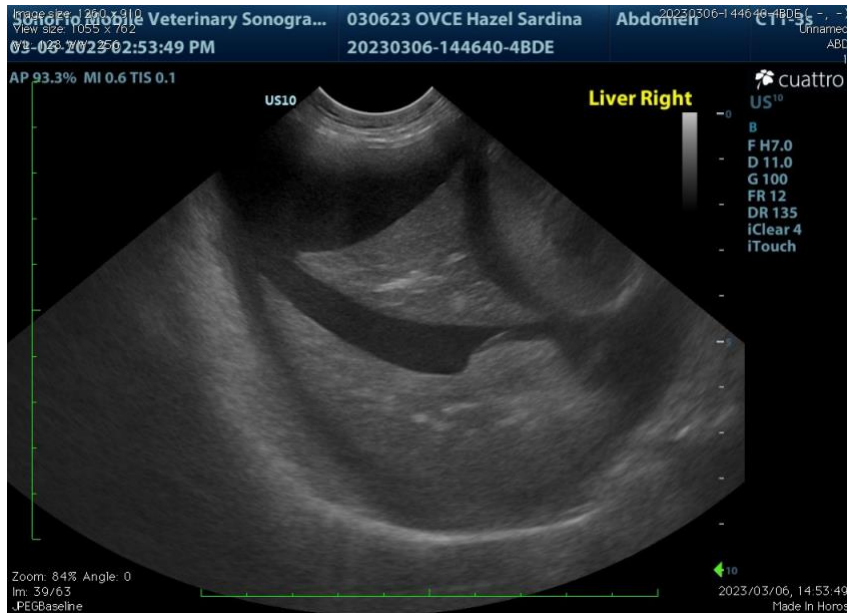
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PATIENT Portal vein

Hazel Sardina

SPECIES

Canine

BREED

Labrador

SEX

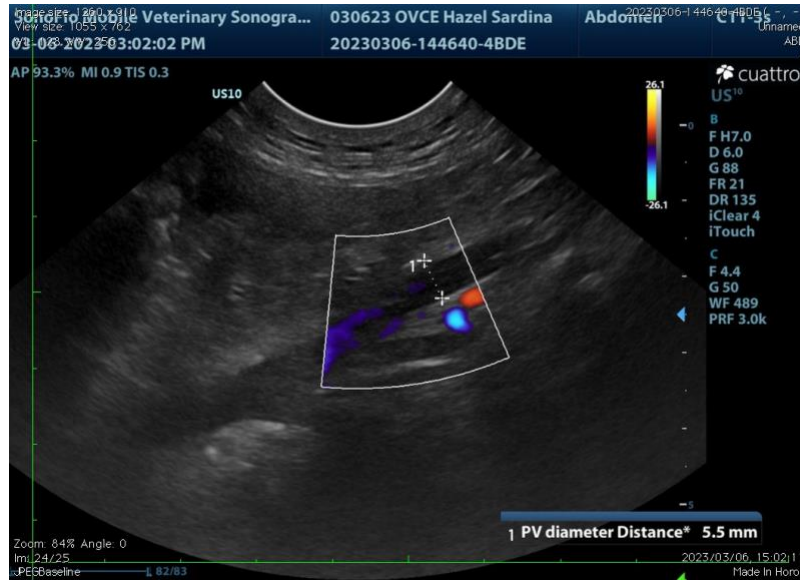
FS

Age

3 years

WEIGHT

74 #



Caudal vena cava

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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.

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