


**PATIENT PRESENTING CLINICAL SIGNS**

Poppy Borroughs

History: Lethargy, anorexia past few days. Previous history of liver disease and liver mass/nodule at base of liver, adenomegaly, and enteropathy on previous ultrasound.

**SPECIES**

Physical Examination: N/A.

Canine

Urinalysis: N/A.

**BREED**

CBC: N/A.

Mix

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

**SEX**

FS

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**Age**
**Urinary System**

12 years

Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

**WEIGHT**

35 #

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

Normal iliac lymph nodes (left 2.8 cm). Ureters not visualized.

**INTERPRETED BY**

Normal renal size (left 5.7 cm, right 6 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

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

**Reproductive System**

N/A.

**IMAGING PERFORMED BY**
**Adrenal Glands**

Sonya Myers, DVM

Normal position with a hypoechogenic appearance, rounded shape, and enlarged. Left 0.1/1.5 cm, right 0.78/1 cm.

**HOSPITAL NAME**
**Spleen**

 Oviedo Veterinary Care  
and Emergency

Normal size (1.7 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes evident.

**REFERRING VET**

Dr Caja

**Liver**
**INVOICE**

Enlarged with rounded edges, hypoechogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules evident. Irregular mottled echogenic cavitatory parenchymal mass (5.4 x 7.3 cm) at the base of the right liver. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

303989

**DATE**

3/9/23


**PATIENT**
***Gastrointestinal***

Poppy Borroughs

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.36 cm, duodenum 0.38 cm jejunum 0.23 cm, colon 0.18 cm) and peristaltic activity, and no distension of the lumen.

**SPECIES**

Canine

***Pancreas***
**BREED**

Mix

Normal size (right 1.7 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SEX**

FS

Normal mesenteric lymph nodes (1.6 cm).  
No ascites evident.

**Age**

12 years

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Hepatic mass.
- Hepatopathy.
- Bilateral adrenomegaly.

**WEIGHT**

35 #

Secondary Findings:

- None.

**INTERPRETED BY**

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Dipl. ECVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
**IMAGING PERFORMED BY**

Sonya Myers, DVM

Etiologies for the hepatopathy would be reactive, vacuolar, metabolic, hepatitis, and infiltrative neoplasia.

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

**HOSPITAL NAME**

Oviedo Veterinary Care  
and Emergency

Etiologies for the adrenomegaly would be disease stress and pituitary-dependent Cushing's disease.

Further assessment would be 3-view thoracic radiographs, FNA cytology of the liver and hepatic mass, and adrenal function testing (ACTH stimulation/LDDS test).

**REFERRING VET**

Dr Caja

Specific therapy would be dependent on an etiological diagnosis.

**INVOICE**

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**PATIENT**

Poppy Borroughs

**SPECIES**

Canine

**BREED**

Mix

**SEX**

FS

**Age**

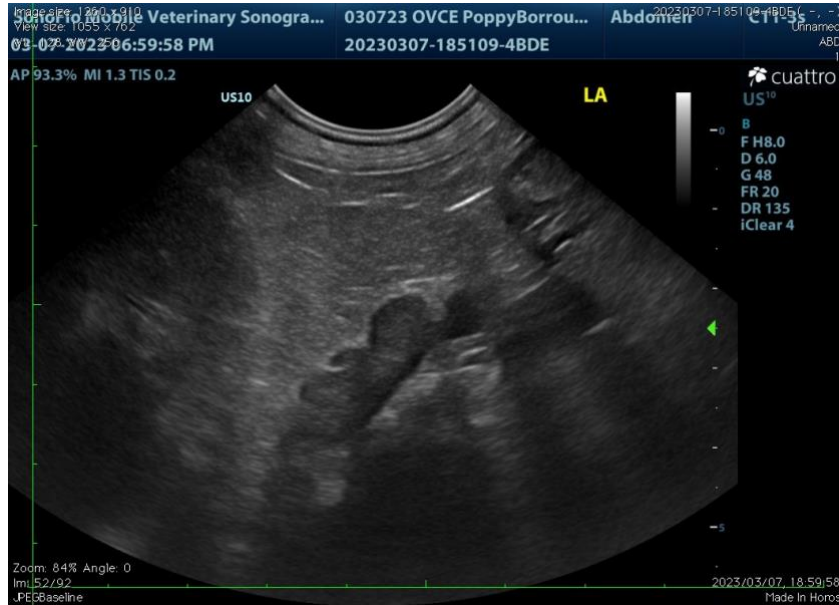
12 years

**WEIGHT**

35 #

**IMAGES**

**Left adrenal**



**Liver**



**INTERPRETED BY**

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**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care  
 and Emergency

**REFERRING VET**

Dr Caja

**INVOICE**

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**DATE**

3/9/23



**PATIENT**

**Liver mass**

Poppy Borroughs

**SPECIES**

Canine

**BREED**

Mix

**SEX**

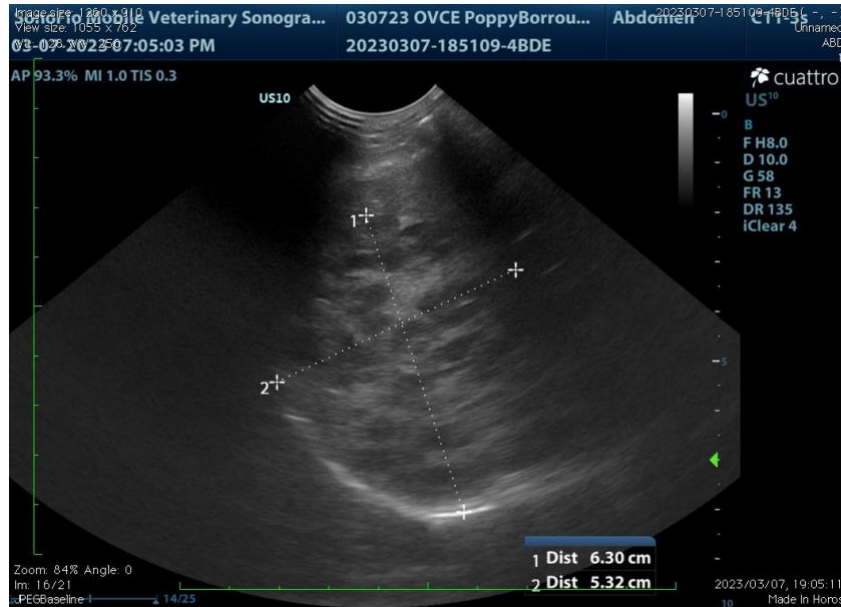
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**Age**

12 years

**WEIGHT**

35 #



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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.

**Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)**  
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**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

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 and Emergency

**REFERRING VET**

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