


**PATIENT PRESENTING CLINICAL SIGNS**

Daisy Voltaggio History: Hepatosplenomegaly, Evan's syndrome, pancreatitis, febrile.

**SPECIES** Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

**BREED** Serum Biochemistry: N/A.

Mixed 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 and dependent hyperechogenic sediment present. No uroliths evident.

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

**WEIGHT** Normal iliac lymph nodes (1.1 cm). Ureters not visualized.

40 # Normal renal size (left 4.9 cm, right 5.4 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 0.62/0.57 cm, right 0.56/0.59 cm.

Sonya Myers, DVM

**Spleen**

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency Enlarged (2.6 cm) with normal 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 Rivera Enlarged with rounded edges, hyperechogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).

**INVOICE** **Gastrointestinal**

303997

**DATE** Normal appearance of the stomach, duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (duodenum 0.32 cm, jejunum 0.4 cm) and peristaltic activity, and no distension of the lumen. Thickening of the colon (0.49 cm) with no loss of layering or distention of the lumen. Fluid distended stomach with no obvious pyloric obstruction evident.

3/10/23



**PATIENT** *Pancreas*

Daisy Voltaggio Normal size (right 0.8 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Canine Normal mesenteric lymph nodes (2.7 cm).  
No ascites evident.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

Mixed

Primary Findings:

**SEX**

FS

**Age**

7 years

Secondary Findings:

- Urinary bladder sediment.

**WEIGHT**

40 #

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

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

Etiologies for the spleen would be reactive, hyperplasia, splenitis, and infiltrative neoplasia.

Etiologies for the colon would be non-specific colitis, helminths, granulomatous colitis, ulcerative colitis, inflammatory bowel disease, and emerging neoplasia.

Although the fluid-filled stomach is most likely an incidental finding, underlying hypo-motility and gastritis needs to be considered.

Further assessment would be urine and fecal analyses, urine culture, rectal cytobrush cytology, FNA cytology of the spleen and liver, and colonoscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**REFERRING VET**

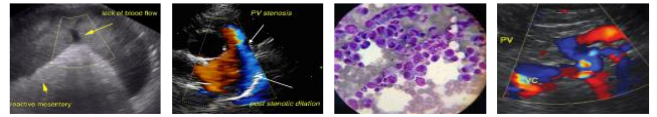
Dr Rivera

**INVOICE**

303997

**DATE**

3/10/23



**PATIENT**

Daisy Voltaggio

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

FS

**Age**

7 years

**WEIGHT**

40 #

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**REFERRING VET**

Dr Rivera

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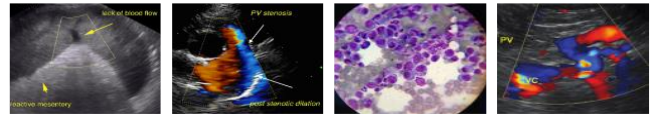
**IMAGES**

**Liver**



**Spleen**





**PATIENT** Colon

Daisy Voltaggio

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

FS

**Age**

7 years

**WEIGHT**

40 #



**INTERPRETED BY**

Remo Lobetti, BVSc,  
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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