



PATIENT PRESENTING CLINICAL SIGNS

Mia Stephania Pannel History: Abdominal ultrasound to evaluate for a possible mass. Vomiting, anorexia, ascites.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

Serum Biochemistry: Elevated creatinine and phosphate, hypokalemia.

BREED Radiographic Findings: Radiopaque pulmonary lesions and tortuous pulmonary veins.

Pit bull terrier

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

FS

AGE Full urinary bladder with a normal thickness (0.2 cm) and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

13 years

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

WEIGHT Normal iliac lymph nodes (left 0.6 cm, right 0.7 cm). Ureters not visualized.

71.4 #

Normal renal size (left 7.3 cm, right 6.9 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

INTERPRETED BY *Reproductive System*

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

N/A.

Adrenal Glands

IMAGING PERFORMED BY Normal shape, echogenic appearance, position, and size. Left 0.6 cm, right 0.67 cm.

Dr Gabriel Ferrer, DVM

Spleen

HOSPITAL NAME Normal size (1.9 cm) and echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted. Small focal hypoechoic parenchymal nodule in the tail of the spleen.

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REFERRING VET *Liver*

Dr Alma Alicea

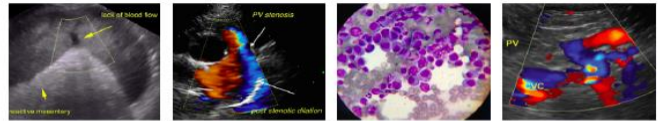
Normal size, echogenic appearance, portal markings. Large encapsulated hypoechoic parenchymal mass in the right caudal liver lobe. FNA taken with no obvious post aspirate hemorrhage. Full gall bladder containing normal anechoic bile. Normal thickness (0.3 cm) and echogenic appearance of the gall bladder wall. Normal bile duct.

INVOICE *Gastrointestinal*

302924

DATE 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 0.57 cm, jejunum 0.41 cm, colon 0.16 cm) and peristaltic activity and no distension of the lumen.

4/20/22



PATIENT *Pancreas*

Mia Stephania Pannel

Normal size (right 1.1 cm, left 1.4 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES

Free Abdomen

Canine

No mesenteric lymphadenomegaly.

BREED

Prominent hepatic lymph nodes.

Pit bull terrier

Small amount ascites cranial right abdomen.

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings:

FS

- Hepatic mass.
- Hepatic lymphadenomegaly.
- Splenic nodule.
- Ascites.

AGE

13 years

Secondary Findings:

WEIGHT

71.4 #

- Chronic kidney disease.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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

The most likely etiology for the hepatic lymphadenopathy would be reactive with lymphadenitis and infiltrative neoplasia, differential diagnoses.

IMAGING PERFORMED BY

Dr Gabriel Ferrer, DVM

The splenic nodule is most likely an incidental reactive nodule with neoplasia and granuloma, differential diagnoses.

The focal ascites can be ascribed to the hepatic mass and hepatic lymphadenomegaly.

HOSPITAL NAME

The appearance of the kidneys is consistent with early chronic kidney disease and in line with the elevated creatinine and phosphate.

Paseos Veterinary Center

REFERRING VET

Dr Alma Alicea

Further assessment/specific therapy needs to be based on the results of the FNA cytology. As the mass appears encapsulated and non-infiltrative, surgical resection of the liver lobe can be considered.

INVOICE

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PATIENT IMAGES

Mia Stephania Pannel

Liver

SPECIES

Canine

BREED

Pit bull terrier

SEX

FS

AGE

13 years

WEIGHT

71.4 #



Spleen



INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Gabriel Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary Center

REFERRING VET

Dr Alma Alicea

INVOICE

302924

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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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