



**PATIENT PRESENTING CLINICAL SIGNS**

Cali Kaufman History: Azotemia, worsening anemia.

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

Canine Urinalysis: N/A.

CBC: Anemia.

**BREED** Serum Biochemistry: Azotemia.

Pit bull terrier Mix Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

FS **Urinary System**

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

9 years

Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels.

**WEIGHT**

83 #

Iliac lymphadenomegaly (left 1.1 x 2.2 cm) with a rounded shape and normal echogenic appearance. Ureters not visualized.

**INTERPRETED BY**

Normal size (left 6.2 cm, right 5.6 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, irregular capsule, normal right pelvis, left pyelectasia (0.2 cm), and multifocal bilateral cortical mineralization.

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ECVIM

**Reproductive System**

**IMAGING PERFORMED BY**

N/A.

Sonya Myers, DVM

**Adrenal Glands**

**HOSPITAL NAME**

Left – normal position with a hyperechogenic appearance, irregular shape, enlarged (0.81/0.59 cm), and areas of mineralization. Irregular hyperechogenic parenchymal nodule (0.8 cx 1.1 cm).

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Right – normal position, shape, echogenic appearance, and size (0.6 cm).

**REFERRING VET**

**Spleen**

Dr Groberg

Normal size (2.9 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

**INVOICE**

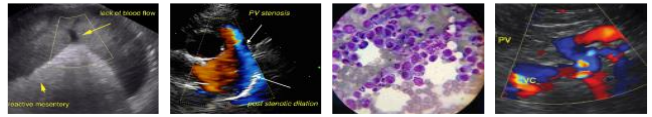
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**Liver**

**DATE**

4/25/23

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules evident. Large irregular mottled echogenic parenchymal lobulated mineralized mass (5.1 x 7.3 cm) in the right lobe.


**PATIENT** *Gall bladder*

Cali Kaufman Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.3 cm).

**SPECIES** *Gastrointestinal*

Canine Normal appearance of the stomach, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.32 cm, jejunum 0.38 cm) and peristalsis, and no distension of the lumen. Thickening of the duodenum (0.59 cm) with no loss of layering or distension of the lumen.

**BREED**

Pit bull terrier Mix

*Pancreas*
**SEX**

FS

Enlarged (left 1.7 cm, right 1.6 cm) with a hypoechoic appearance and irregular capsule. Hyperechoic appearance of the mesentery and fat surrounding the pancreas.

**Age**
*Free Abdomen*

9 years

Normal mesenteric lymph nodes (2.4 cm).  
Small amount of ascites present.

**WEIGHT**

83 #

Caudal aortic thrombus (1.2 x 3.7 cm) with loss of blood flow to the left external iliac artery.

**ULTRASONOGRAPHIC FINDINGS**
**INTERPRETED BY**

Primary Findings:

- Renal disease.
- Hepatic mass.
- Left nodular adrenomegaly.
- Pancreatitis.
- Duodenopathy.
- Iliac lymphadenomegaly.
- Aortic thrombosis.

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**HOSPITAL NAME**

Secondary Findings:

- Ascites.

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**REFERRING VET**

Dr Groberg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the kidneys would be chronic kidney disease, bacterial nephritis, and pyelonephritis.

**INVOICE**

The most likely etiology for the hepatic mass would be neoplasia with a granuloma a less likely differential diagnosis.

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**DATE**

Etiologies for the left adrenal gland would be functional/non-functional adenoma or carcinoma.

4/25/23

The most likely etiology for the duodenopathy would be secondary to the pancreatitis with non-specific enteritis (dietary indiscretion, toxins, viral), parasitic enteritis, inflammatory bowel disease, dietary hypersensitivity, and emerging lymphoma, differential diagnoses.

Etiologies for the iliac lymph nodes would be reactive, lymphadenitis, and infiltrative neoplasia.



**PATIENT**

Cali Kaufman

Initial further assessment that could be considered would be urinalysis, urine culture, 3-view thoracic radiographs, coagulation profile, and FNA cytology of the liver mass, left adrenal, and iliac lymph nodes.

**SPECIES**

Canine

Specific therapy would be dependent on an etiological diagnosis as well as the directed at the presenting clinical signs.

**IMAGES**

**BREED**

Left kidney

Pit bull terrier Mix

**SEX**

FS

**Age**

9 years

**WEIGHT**

83 #

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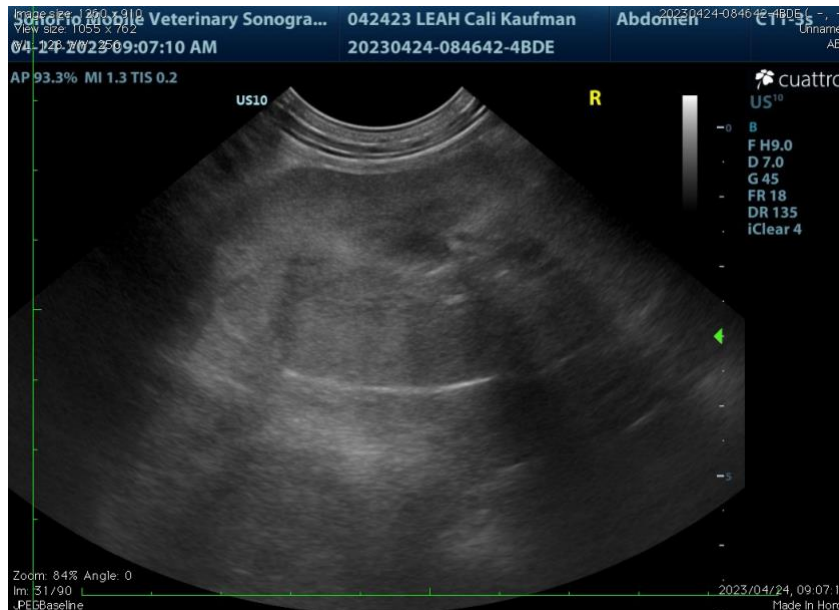
Right kidney

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**PATIENT**

**Left adrenal gland**

Cali Kaufman

**SPECIES**

Canine

**BREED**

Pit bull terrier Mix

**SEX**

FS

**Age**

9 years

**WEIGHT**

83 #



**Liver**

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**HOSPITAL NAME**

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**INVOICE**

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**DATE**

4/25/23





**PATIENT Aorta**

Cali Kaufman

**SPECIES**

Canine

**BREED**

Pit bull terrier Mix

**SEX**

FS

**Age**

9 years

**WEIGHT**

83 #



**Pancreas**

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Dr Groberg



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.

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**DATE**

4/25/23

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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