

PATIENT

Georgia Tortorello

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

FS

AGE

14 years

WEIGHT

3 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Heron Lakes Animal
Hospital

REFERRING VET

INVOICE

302930

DATE

4/27/22

PRESENTING CLINICAL SIGNS

History: Lethargic and anorexia. On prednisolone. Previous ultrasound (1/27/22) showed cholecystitis/cholelith, nodular hepatopathy, hepatic mass, dilated bile duct, hepatic lymphadenomegaly, and cranial abdominal peritonitis.

Physical Examination: N/A.

Urinalysis: Normal.

CBC: Non-regenerative anemia, band neutrophilia.

Serum Biochemistry: Elevated liver enzyme activity and bilirubin.

Radiographic Findings: Suspect abdominal mass.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Normal trigone area, proximal urethra (0.24 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.4 cm, right 3.5 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and pelvis.

Reproductive System

N/A.

Adrenal Glands

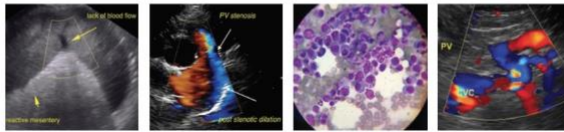
Normal shape, echogenic appearance, and position but small in size. Left 0.32 cm, right 0.28 cm.

Spleen

Normal size (0.8 cm) and echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Enlarged with rounded edges, increased echogenic and coarse appearance, and some loss of portal markings. Small hypoechoic parenchymal nodules. Focal hyperechoic parenchymal mass (2.5 x 2.6 cm) in the left medial lobe. Full gall bladder containing hyperechoic sediment and a cholelith (0.6 cm). Thickened and hyperechoic appearance of the gall bladder wall. Dilated bile duct (0.3 cm) with no obvious obstruction. Hepatic lymphadenomegaly (1.7 x 0.7 cm) with normal shape and echogenic appearance.



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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.2 cm, duodenum 0.42 cm, jejunum 0.21 cm) and peristalsis, and no distension of the lumen.

Pancreas

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

Free Abdomen

No mesenteric lymphadenomegaly.

No ascites.

Mild hyperechogenic appearance of the mesentery in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Cholecystitis/cholelith.
- Nodular hepatopathy.
- Hepatic mass.
- Dilated bile duct.
- Hepatic lymphadenomegaly.

Secondary findings:

- Age-related renal changes.
- Small adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

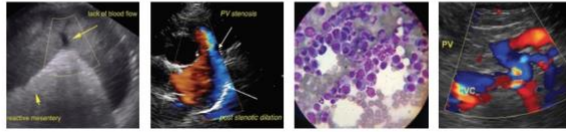
In comparison with the previous ultrasound (1/26/22) the peritonitis has improved; the ascites has resolved; there has been progressive some enlargement of the hepatic mass; and the other previous findings are still present but static.

The appearance of the gall bladder is typical for cholecystitis with an incidental cholelith.

Etiologies for the nodular hepatopathy would be reactive (from the cholecystitis), vacuolar, metabolic, nodular regeneration, early cirrhosis, chronic hepatitis, granulomatous disease, and infiltrative neoplasia.

Etiologies for the hepatic mass would be extension of the nodular hepatopathy, granuloma, and neoplasia.

As the the dilated bile duct is static, it is most likely associated with the cholecystitis without the presence of any obstructive pathology.



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Etiologies for the hepatic lymph node would be reactive (from the cholecystitis), lymphadenitis, and infiltrative neoplasia.

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The small adrenal glands can be ascribed to the chronic prednisolone therapy.

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Likely etiologies for the anemia would anemia of chronic disease and chronic GI tract blood loss.

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Further assessment would be FNA cytology of the liver and hepatic mass. Laparotomy with possible cholecystectomy should be considered, which would also allow for collecting a wedge biopsy of the liver and the hepatic mass.

Specific therapy would be dependent on an etiological diagnosis.

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IMAGES

Liver

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1/26/22

4/26/22

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Gall bladder

1/26/22

4/26/22



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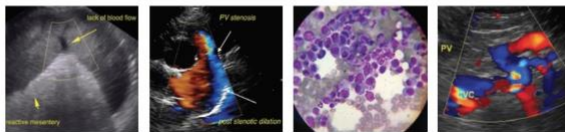
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Liver mass

1/26/22

4/26/22



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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 rlobetti@mweb.co.za