


**PATIENT PRESENTING CLINICAL SIGNS**

Scarlett Evans History: N/A.

**SPECIES** Physical Examination: Weight loss and muscle atrophy.

Canine Urinalysis: N/A.

**BREED** CBC: N/A.

Pitbull terrier Serum Biochemistry: Elevated liver enzyme activity.

Radiographic Findings: Abdominal mass

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

FS **Urinary System**

**Age** Full urinary bladder with a normal thickness and 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** Iliac lymphadenomegaly (1.4 x 3.6 cm) with a rounded shape and normal echogenic appearance. Ureters not visualized.

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**INTERPRETED BY** Normal renal size (left 6.8 cm, right 8.6 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

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**Reproductive System**

N/A.

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

Sonya Myers, DVM Normal position, shape, and echogenic appearance but enlarged. Left 0.73/0.61 cm, right 0.72/0.69 cm.

**HOSPITAL NAME** **Spleen**

Copper Pont Veterinary Hospital Normal size (1.6 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

**REFERRING VET** **Liver**

Dr Privette Severely enlarged with diffuse parenchymal nodules and masses (up to 15 x 18 cm) and with no normal visible liver parenchyma evident. FNA taken with no obvious post aspirate hemorrhage.

**INVOICE** **Gall bladder**

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**DATE** Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.1 cm).

4/29/23


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

Scarlett Evans

Normal appearance of the stomach, duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (stomach 0.38 cm, duodenum 0.52 cm, jejunum 0.4 cm,) and peristalsis, and no distension of the lumen. Segmental thickening of the colon (0.6 cm) with no loss of layering.

**SPECIES**

Canine

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

Pitbull terrier

Normal size (right 0.9 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SEX**

FS

Normal mesenteric lymph nodes (2 cm).  
Small amount of acellular ascites present.

**Age**

9 years

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Hepatic masses.
- Iliac lymphadenomegaly.
- Colonic thickening.
- Bilateral adrenomegaly.
- Ascites.

**WEIGHT**

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Secondary Findings:

- None.

**INTERPRETED BY**

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**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Copper Pont Veterinary  
Hospital

**REFERRING VET**

Dr Privette

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the liver would be neoplasia with granulomatous disease a less likely differential diagnosis.

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

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

The most likely etiology for the adrenal glands would be disease stress.

The ascites can be ascribed to the liver pathology

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Further assessment needs to be based on the pending cytology results but could include fecal analysis, 3-view thoracic radiographs, rectal cytobrush cytology, and possibly colonoscopy with biopsies.

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Specific therapy would be dependent on an etiological diagnosis.



**PATIENT**

Scarlett Evans

**SPECIES**

Canine

**BREED**

Pitbull terrier

**SEX**

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**Age**

9 years

**WEIGHT**

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**REFERRING VET**

Dr Privette

**INVOICE**

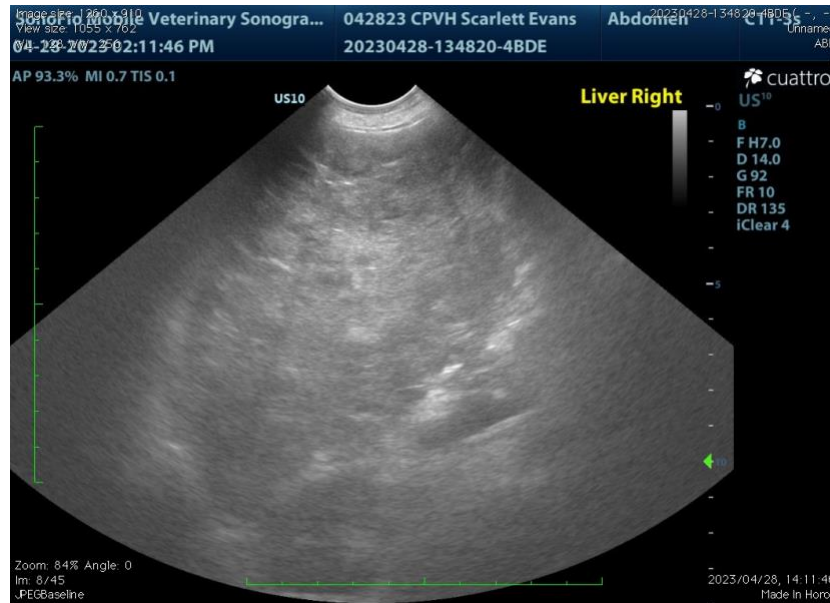
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**DATE**

4/29/23

**IMAGES**

**Liver**





**PATIENT**

**Iliac lymph node**

Scarlett Evans

**SPECIES**

Canine

**BREED**

Pitbull terrier

**SEX**

FS

**Age**

9 years

**WEIGHT**

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**Colon**



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**IMAGING PERFORMED BY**

Sonya Myers, DVM

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 Hospital

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Dr Privette

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**DATE**

4/29/23

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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