



PATIENT PRESENTING CLINICAL SIGNS

Shadow Hagans History: Asymptomatic elevated ALP activity.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: Elevated ALP activity.

Mixed Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN *Urinary System*

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

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

WEIGHT Normal iliac lymph nodes. Ureters not visualized.

21 # Normal renal size (left 4.6 cm, right 4.8 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule. Incidental bilateral mineralization.

INTERPRETED BY *Reproductive System*

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM Small hypoechogenic prostate (0.7 cm).

IMAGING PERFORMED BY *Adrenal Glands*

Sonya Myers, DVM Normal position, echogenic appearance, shape, and size. Left 0.55/0.47 cm, right 0.52/0.5 cm.

HOSPITAL NAME *Spleen*

Banfield Altamonte Springs Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No inflammatory, neoplastic, infarction, or infiltrative changes evident. Incidental myelolipomas.

REFERRING VET *Liver*

Dr Martinez Normal size with a hyperechogenic and nodular appearance, some loss of portal markings, and regular curvilinear capsule. Nodules are hyperechogenic, parenchymal, and up to 0.7 cm in size. No masses evident. FNA taken with no obvious post aspirate hemorrhage.

INVOICE *Gall bladder*

304097

DATE Full containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.2 cm).

4/8/23


PATIENT *Gastrointestinal*

Shadow Hagans

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.36 cm, duodenum 0.43 cm, jejunum 0.39 cm, colon 0.21 cm) and peristalsis, and no distension of the lumen.

SPECIES

Canine

Pancreas

Enlarged (left 1.8 cm, right 1.6 cm) with a hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas. Visible pancreatic duct.

BREED

Mixed

Free Abdomen
SEX

Normal mesenteric lymph nodes (0.4 x 2.7 cm).

MN

No ascites evident.

Age
ULTRASONOGRAPHIC FINDINGS

10 years

Primary Findings:

WEIGHT

- Nodular hepatopathy.
- Pancreatitis?

21 #

Secondary Findings:

INTERPRETED BY

- Gall bladder sediment.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
IMAGING PERFORMED BY

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

Sonya Myers, DVM

HOSPITAL NAME

Although the appearance of the pancreas is indicative of pancreatitis, as there are no clinical signs, this may merely be an incidental finding or from a previous episode of pancreatitis.

Banfield Altamonte Springs

Further assessment needs to be based on the pending cytology results but may require a Tru-Cut/wedge biopsy of the liver for a final etiological diagnosis. cPL/PSL assay can be considered.

REFERRING VET

Dr Martinez

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be ursodiol.

INVOICE

304097

DATE

4/8/23



PATIENT IMAGES

Shadow Hagan

Liver

SPECIES

Canine

BREED

Mixed

SEX

MN

Age

10 years

WEIGHT

21 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Banfield Altamonte Springs

REFERRING VET

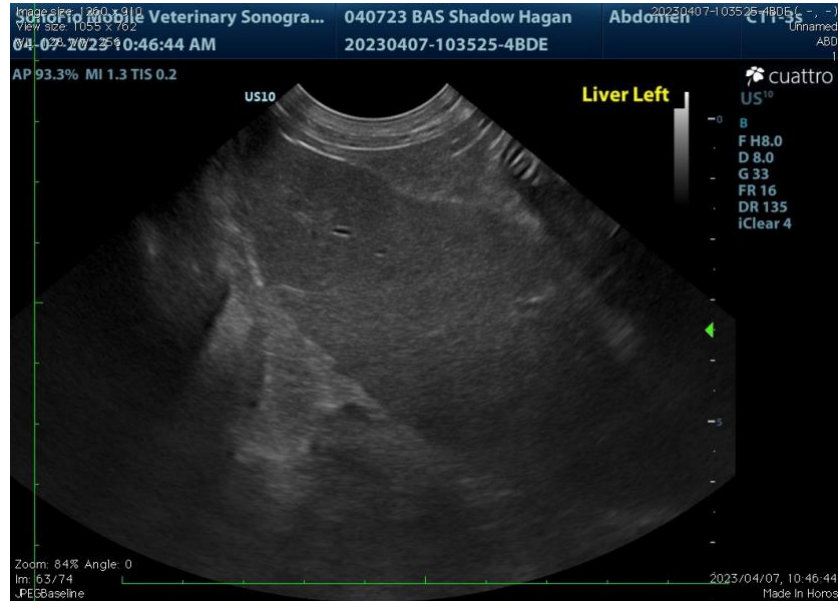
Dr Martinez

INVOICE

304097

DATE

4/8/23





PATIENT Pancreas

Shadow Hagans

SPECIES

Canine

BREED

Mixed

SEX

MN

Age

10 years

WEIGHT

21 #



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.

IMAGING PERFORMED BY

Sonya Myers, DVM

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
rlobetti@mweb.co.za

HOSPITAL NAME

Banfield Altamonte Springs

REFERRING VET

Dr Martinez

INVOICE

304097

DATE

4/8/23