



PATIENT PRESENTING CLINICAL SIGNS

Patient: Pimpinela Santiago
History: Acute onset vestibular signs that have improved.

Species: Canine
Physical Examination: Thinning of the hair coat.

Breed: Mixed breed
Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: Elevated ALP activity.

Radiographic Findings: Normal.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS

Urinary System

Age: 8 years
Full urinary bladder with a normal thickness (0.1 cm) and appearance of the wall. Moderate amount of floating hyperechogenic sediment. No uroliths evident.

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

Normal iliac lymph nodes (right 0.3, left 0.4 cm). Ureters not visualized.

Normal renal size (left 5.7 cm, right 6.1 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

INTERPRETED BY

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

Reproductive System

N/A.

IMAGING PERFORMED BY

Dr Gabriel Ferrer, DVM

Adrenal Glands

Left - normal shape, echogenic appearance, position, and size (0.5/0.68 cm). Hyperechogenic nodule (0.8 x 0.8 cm) within the cranial pole.

Right – large irregular mottled echogenic mass (3 x 1.4 cm) with either invasion into the caudal vena cava or has resulted in a thrombus within the vessel.

HOSPITAL NAME

Paseos Veterinary Center

REFERRING VET

Dr Ortiz Vidal, DVM

Spleen

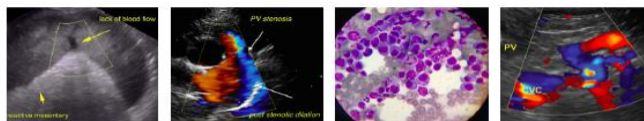
Normal size (1.3 cm) and echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

INVOICE Liver

302955
Normal size with a diffuse hyperechogenic appearance, and loss of portal markings. No nodules or masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness (0.1 cm) and echogenic appearance of the gall bladder wall. Normal bile duct.

DATE

5/10/22



PATIENT *Gastrointestinal*

Pimpinela Santiago Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.28 cm, duodenum 0.57 cm, jejunum 0.47 cm, colon 0.16 cm) and peristaltic activity and no distension of the lumen.

SPECIES

Canine *Pancreas*

BREED

Mixed breed Normal size (left 1.1 cm, right 1.7 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

FS

AGE

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WEIGHT

28.2 #

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Right adrenal mass.
- Left adrenal nodule.
- Hepatopathy.

Secondary Findings:

- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the right adrenal would be functional/non-functional carcinoma and pheochromocytoma.

Etiologies for the left adrenal nodule would be incidental adenoma and emerging functional/non-functional carcinoma.

Etiologies for the hepatopathy would be reactive, hyperplasia, metabolic, chronic hepatitis, early cirrhosis, and infiltrative neoplasia.

It is possible that the initial neurological signs could be associated with the adrenal pathology – thromboembolism and/or hypertension.

Further assessment would be adrenal function testing (ACTH/LDDS test), blood pressure, urine catecholamines, FNA cytology of the liver, left adrenal nodule, and right adrenal mass, and possibly CT scan of the abdomen. With the neurological signs, MRI of the brain should also be considered.

Specific therapy would be dependent on an etiological diagnosis.



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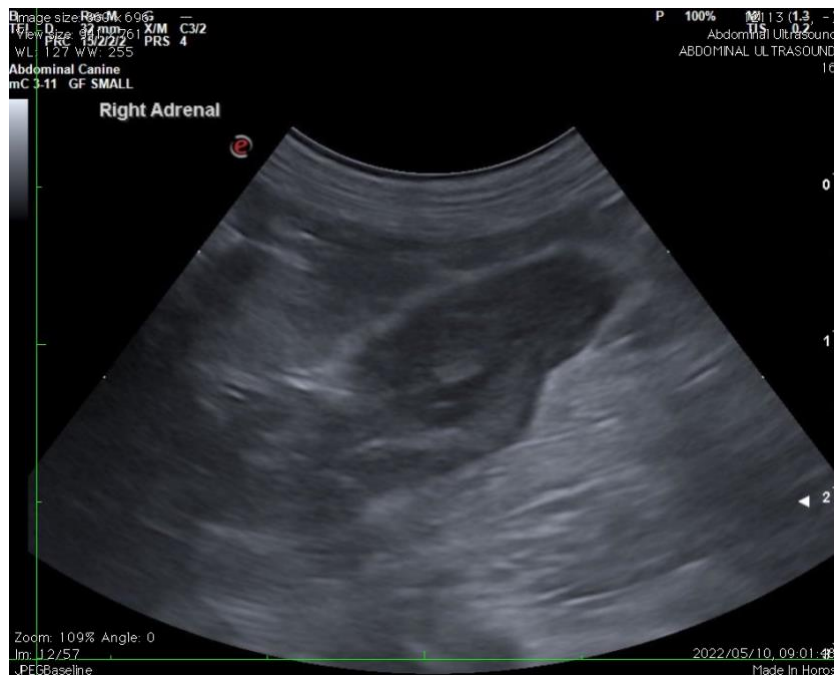
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IMAGES

Left adrenal



Right adrenal





PATIENT

Caudal vena cava

Pimpinela Santiago

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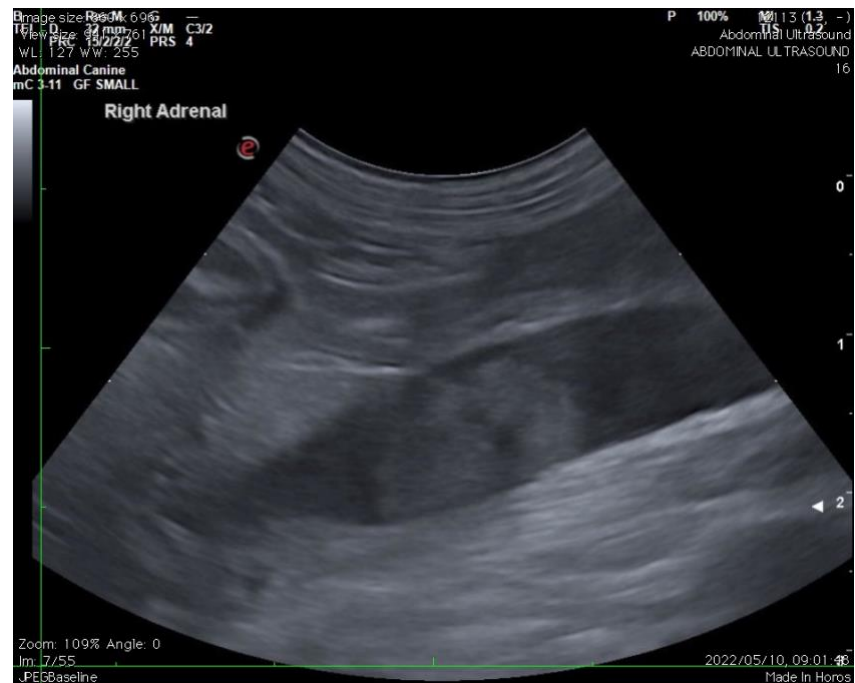
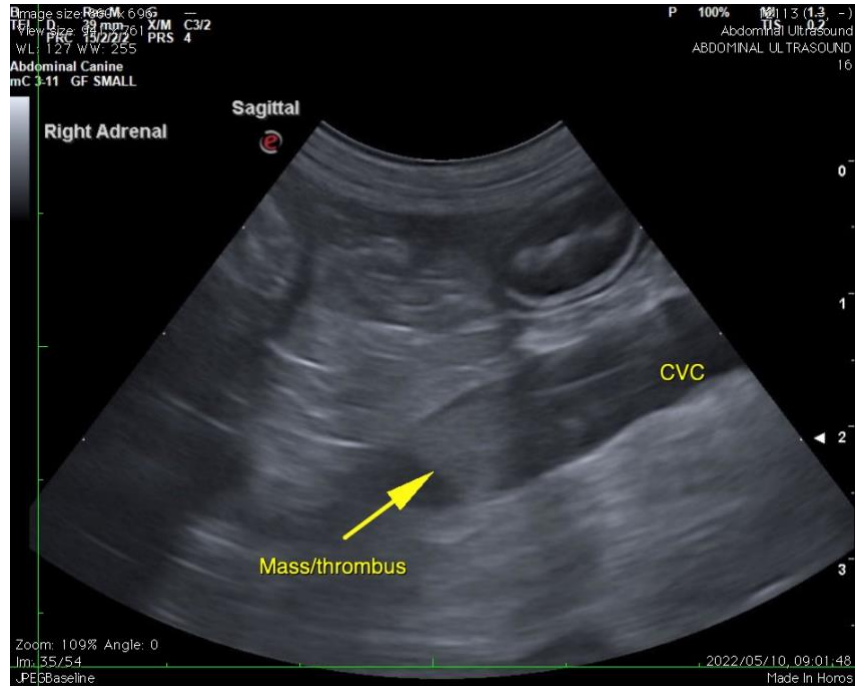
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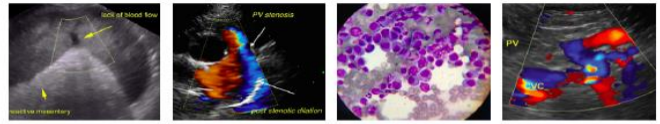
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PATIENT Liver

Pimpinela Santiago

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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.

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