

PATIENT PRESENTING CLINICAL SIGNS

Uma Hogan History: Acute onset lethargy, shaking and painful abdomen. Previous episode of melena possible associated with carprofen. Previous history of DJD and chronic mildly elevated ALP activity.

SPECIES Physical Examination: Depressed, general weakness, distended pendulous abdomen and moderately painful on palpation.

Canine Previous Urinalysis: SG 1.029, 1+ protein.

BREED Rottweiler CBC: Mild anemia and neutrophilia.

SEX Previous Serum Biochemistry: Elevated ALP activity.

FS Radiographic Findings: Right cranial abdominal mass

AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

10 years **Urinary System**

Full urinary bladder with a normal thickness and appearance of the wall. Small amount of floating hyperechogenic sediment present. No uroliths evident.

WEIGHT 87.5 # Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

INTERPRETED BY Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM Normal renal size (left 8.4 cm, right 8.5 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule. Small hyperechogenic cortical infarct in the left kidney

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, and position. Plumb appearance of the left gland (2.9 x 0.93 cm), normal size of the right (1.61 x 0.65 cm).

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Multiple hypoechoic parenchymal masses up to 1.9 x 1.9 cm in size. Cavitary mass in the tail of the spleen (1.7 x 2 cm) with bulging of the overlying capsule.

Liver

Normal size, echogenic appearance, portal markings, and curvilinear capsule. Mottled echogenic cavitary parenchymal mass (3.3 x 3.4 cm) in the caudal right lobe with bulging of the overlying capsule. Hyperechoic parenchymal mass (4.3 x 6.3 cm) in the left caudal lobe with a small cavitary area and bulging of the overlying capsule.

IMAGING PERFORMED BY

Dr Megan Cassels-Conway, DVM

HOSPITAL NAME

Central Broward Animal Hospital

REFERRING VET

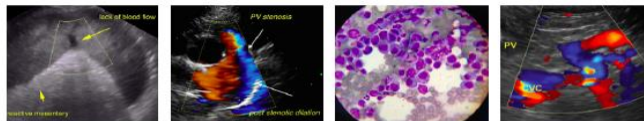
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PATIENT *Gall bladder*

Uma Hogan Full containing small amount of hyperechogenic sediment. Normal appearance and thickness of the wall. Normal bile duct.

SPECIES *Gastrointestinal*

Canine Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen.

BREED *Pancreas*

Rottweiler Normal size and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX *Free Abdomen*

FS No mesenteric lymphadenomegaly.
No ascites evident.

AGE
10 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT
87.5 #

Primary Findings:

- Splenic and hepatic masses.
- Left adrenomegaly.

INTERPRETED BY

Remo Lobetti, BVSc,
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Secondary Findings:

- Urinary bladder sediment.
- Left renal infarct.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic and hepatic masses would be neoplasia, with granulomatous disease a less likely differential diagnosis.

Etiologies for the left adrenal gland would be disease stress and emerging Cushing's disease.

Further assessment that could be considered would be 3-view thoracic radiographs, echocardiography (right atrium and auricle), and FNA cytology of the masses.

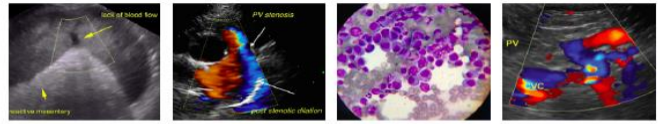
With the masses in the liver surgery may not be feasible; however, if it is being contemplated then CT scan would be recommended.

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PATIENT IMAGES

Uma Hogan

Spleen

SPECIES

Canine

BREED

Rottweiler

SEX

FS

AGE

10 years

WEIGHT

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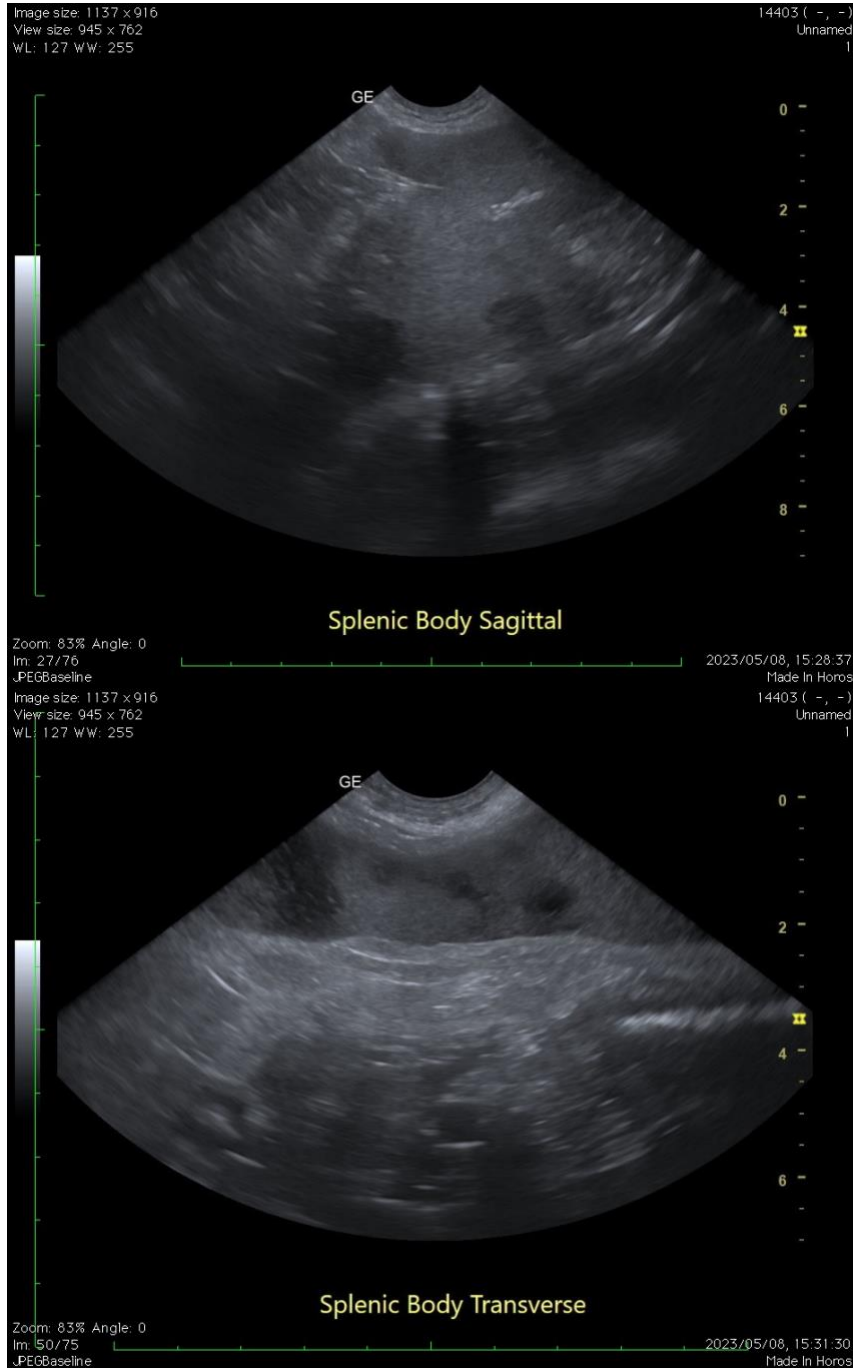
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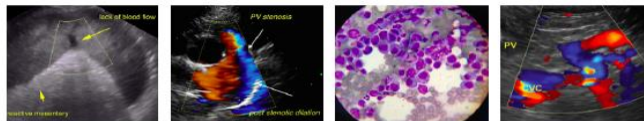
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PATIENT

Uma Hogan

SPECIES

Canine

BREED

Rottweiler

SEX

FS

AGE

10 years

WEIGHT

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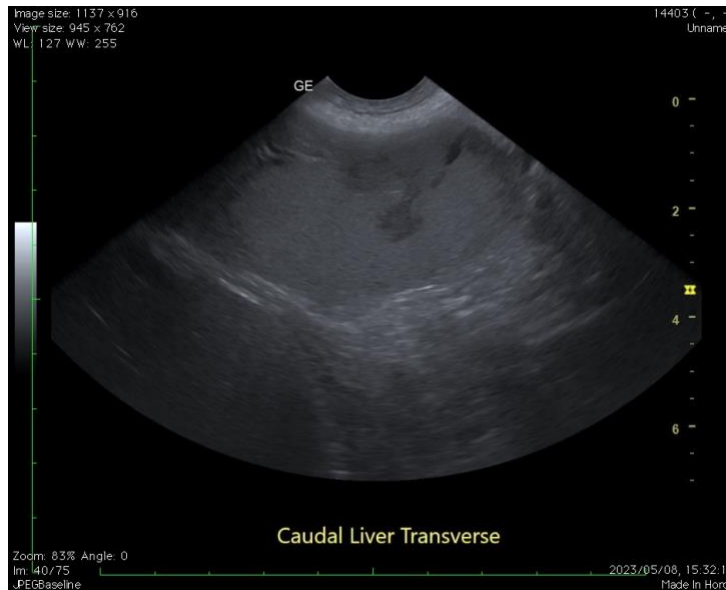
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Liver



Left kidney



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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