


**PATIENT PRESENTING CLINICAL SIGNS**

Oz De Los Santos History: Vomiting, possible syncope.

**SPECIES** Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

**BREED** Serum Biochemistry: N/A.

Labrador Radiographic Findings: Splenic mass.

**SEX**

MN

**AGE**

14 years

**WEIGHT**

Normal trigone area, proximal urethra (0.7 cm), and iliac blood vessels.

Normal iliac lymph nodes (3.7 cm). Ureters not visualized.

Normal renal size (left 7.8 cm, right 7.4 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and pelvis and capsule.

**INTERPRETED BY**

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

**Reproductive System**

Small hypoechoic prostate (1.2 cm).

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position. Left 0.7/0.63 cm, right 0.7/0.65 cm.

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**Spleen**

Enlarged and irregular (4.2 cm) with a diffuse mottled echogenic appearance. Focal parenchymal cystic nodule (1.9 cm) in the body of the spleen.

**REFERRING VET**

Dr Smith

**Liver**

Normal size with a diffuse increased echogenic and coarse appearance, and some loss of portal markings. Few faint hypoechoic parenchymal nodules up to 1 cm in size. No masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).

**INVOICE**

303068

**Gastrointestinal**
**DATE**

6/25/22

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.48 cm, jejunum 0.3 cm) and peristaltic activity, and no distension of the lumen. Thickening of the stomach (0.63 cm) and colon (0.53 cm) with no loss of layering or distension of the lumen. Fluid within the stomach.


**PATIENT** *Pancreas*

Oz De Los Santos

Normal size (right 2 cm) with a diffuse hyperechogenic and nodular appearance. Irregular capsule. Nodules are hypoechogetic, parenchymal, and up to 0.5 cm in size. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES**

Canine

*Free Abdomen*

Normal mesenteric lymph nodes (2.1 cm).  
No ascites.

**BREED**

Labrador

*Thorax*

Small amount of pericardial effusion.  
No pleural effusion.

**SEX**

MN

**AGE**

14 years

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Splenic pathology.
- Nodular hepatopathy.
- Nodular pancreatitis.
- Gastro-colonopathy.

**WEIGHT**

Secondary Findings:

- Age-related renal changes.
- Gall and urinary bladder sediment.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the spleen would be granulomatous disease, splenitis, and neoplasia.

Etiologies for the liver would be age-related, reactive hyperplasia, nodular hyperplasia, chronic hepatitis, and neoplasia.

Etiology for the pancreas would be age-related change, chronic pancreatitis, and pancreatic fibrosis.

The most likely etiology for the gastro-colonopathy would be non-specific conditions (viral, bacterial, helminths, toxins, dietary indiscretion), with *Helicobacter* gastritis, ulcerative disease, granulomatous colitis, inflammatory bowel disease, and dietary hypersensitivity differential diagnoses.

Further assessment would be urine and fecal analyses, cPL/PSL assay, echocardiography, and FNA cytology of the liver, spleen, and pancreas.

Specific therapy would be dependent on an etiological diagnosis.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**REFERRING VET**

Dr Smith

**INVOICE**

303068

**DATE**

6/25/22



**PATIENT**

Oz De Los Santos

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

MN

**AGE**

14 years

**WEIGHT**

**IMAGES**

**Spleen**



**Pancreas**

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
 Emergency

**REFERRING VET**

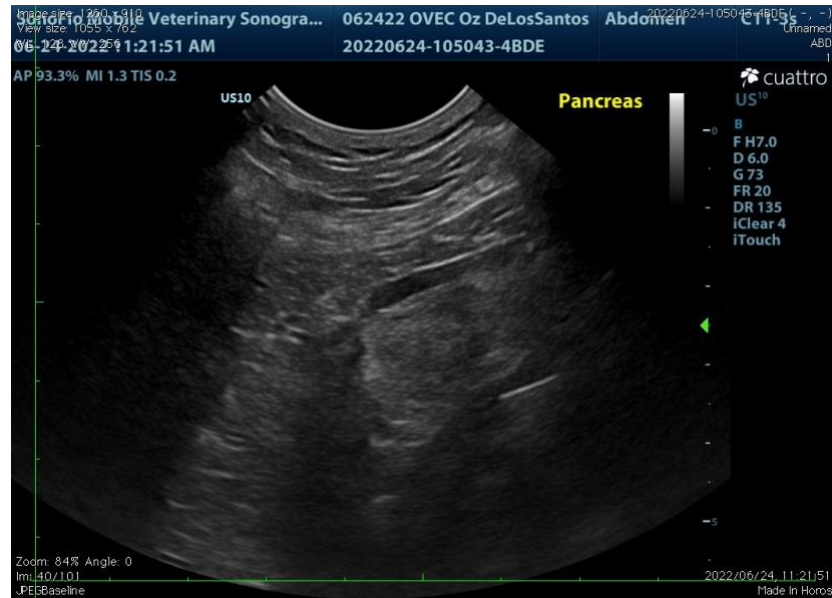
Dr Smith

**INVOICE**

303068

**DATE**

6/25/22





**PATIENT** Liver and pericardial effusion (arrow)

Oz De Los Santos

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

MN

**AGE**

14 years

**WEIGHT**



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
 Emergency

**REFERRING VET**

Dr Smith



**INVOICE**

303068

**DATE**

6/25/22

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.

**Remo Lobetti**, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)  
[rlobetti@mweb.co.za](mailto:rlobetti@mweb.co.za)