



PATIENT PRESENTING CLINICAL SIGNS

Munchie Espinoza History: Lump on side of abdomen, lethargy past 3 days, loose mucoid feces a few days ago.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

Beagle Radiographic Findings: N/A.

SEX

Male

AGE

10 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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

45.1 # Normal iliac lymph nodes. Ureters not visualized.

INTERPRETED BY

Remo Lobetti, BVSc,
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ECVIM

Left kidney – normal size with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Focal hyperechogenic nodule (0.7 x 0.7 cm) in the medulla. Large cystic mass on the cranial aspect of the kidney.

Right kidney – normal size with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Focal mottled echogenic mass (3.1 cm) in the cortex.

IMAGING PERFORMED BY

Dr Paul Kim

Reproductive System

Irregular and mottled echogenic appearance of the testicles. Normal appearance of the prostate.

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Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 2 x 0.66 cm, right 1.8 x 0.41 cm.

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Spleen

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

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Liver

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct.

DATE

6/30/22



PATIENT *Gastrointestinal*

Munchie Espinoza 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.

SPECIES *Pancreas*

Canine Normal size (1.1 cm) with a hyperechogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

BREED *Free Abdomen*

Beagle No mesenteric lymphadenomegaly.

SEX No ascites.

Male Normal portal vein (0.6 cm) and caudal vena cava (0.6 cm)

AGE **ULTRASONOGRAPHIC FINDINGS**

10 years Primary Findings:

- Renal masses with age-related renal changes.
- Pancreatic fibrosis.

WEIGHT Secondary Findings:

- 45.1 #
- Gall bladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the parenchymal renal nodule and mass would be granuloma, organized hematoma, abscess, and neoplasia. Although the cystic mass on the cranial pole of the left kidney appears to originate from the kidney, it is possible that it is merely adjacent to it; with possible etiologies being cyst, granuloma, organized hematoma, abscess, and neoplasia.

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The appearance of the pancreas is consistent with fibrosis with chronic pancreatitis, a differential diagnosis.

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Although the gall bladder sediment is most likely an incidental finding, monitoring for the development of a mucocele would be recommended,

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Further assessment would be urinalysis, CBC, serum biochemistry, cPL/PSL assay, FNA cytology of renal nodule, mass, and cystic structure, and possibly CT scan of the abdomen.

Specific therapy would be dependent on an etiological diagnosis.

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PATIENT

Munchie Espinoza

IMAGES

Left kidney

SPECIES

Canine

BREED

Beagle

SEX

Male

AGE

10 years

WEIGHT

45.1 #

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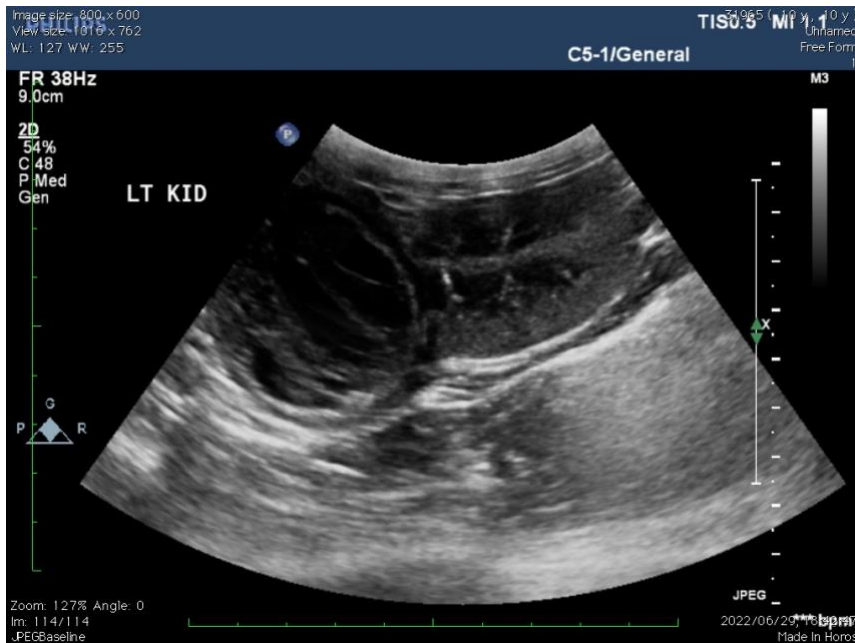
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PATIENT Right kidney

Munchie Espinoza

SPECIES

Canine

BREED

Beagle

SEX

Male

AGE

10 years

WEIGHT

45.1 #



Pancreas

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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.

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