



**PATIENT PRESENTING CLINICAL SIGNS**

Kylo Gonzalez History: Abdominal ultrasound for metastasis evaluation – recurrent mast cell tumors.

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

Canine Urinalysis: N/A.

CBC: Low MCV and McHc, lymphopenia.

**BREED** Serum Biochemistry: Mild hyperglycemia, elevated amylase.

Whippet Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

MN **Urinary System**

**AGE** Full urinary bladder with a thickened (0.3 cm) and irregular appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

6 years

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

35.7 # Normal iliac lymph nodes (left 0.5 cm, right 0.7 cm). Ureters not visualized.

Normal renal size (left 6.8, right 6.35 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**INTERPRETED BY** **Reproductive System**

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM  
Small hypoechogenic prostate (1.5 cm).

**IMAGING PERFORMED BY** **Adrenal Glands**

Dr Gabriel Ferrer, DVM Normal shape, echogenic appearance, position, and size. Left 0.31, right 0.48 cm.

**HOSPITAL NAME** **Spleen**

Paseos Veterinary Center Normal size (1.4 cm) and echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**REFERRING VET** **Liver**

Dr Michelle Biello Normal size, echogenic appearance, and portal markings. Multiple irregular faint hypoechogenic parenchymal nodules. Focal hypoechogenic parenchymal mass (1.4 x 1.7 cm). Full gall bladder containing moderate amount of hyperechogenic adherent sediment in stellate pattern. Thickened (0.3 cm) and hyperechogenic appearance of the gall bladder wall. Normal bile duct.

**INVOICE** **Gastrointestinal**

303019

**DATE** Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.19 cm, duodenum 0.47 cm, jejunum 0.41 cm, colon 0.13 cm) and peristaltic activity and no distension of the lumen.

6/8/22



**PATIENT** *Pancreas*

Kylo Gonzalez Normal size (right 1.5 cm, left 0.9 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Canine No mesenteric lymphadenomegaly.  
Small amount of cellular ascites cranial abdomen.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

Whippet Primary Findings:

- SEX**
- Hepatic mass and nodules.
  - Emerging mucocele.
  - Ascites.

MN

**AGE** Secondary Findings:

- Thickened urinary bladder wall.

**WEIGHT**

35.7 #

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

With the history, the most likely etiology for the hepatic nodules and mass would be metastatic mast cell tumor with nodular regeneration, granulomatous disease, and primary hepatic neoplasia, differential diagnoses.

The appearance of the gall bladder is typical for an emerging mucocele.

The most likely etiology for the urinary bladder would be chronic cystitis with neoplasia a far less likely differential diagnosis.

**IMAGING PERFORMED BY**

Dr Gabriel Ferrer, DVM

Further assessment would be urinalysis, urine culture, and FNA cytology of the liver and hepatic mass.

**HOSPITAL NAME**

Specific therapy needs to be based on an etiological diagnosis.

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**REFERRING VET**

Dr Michelle Biello

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**PATIENT IMAGES**

Kylo Gonzalez **Liver**

**SPECIES**

Canine

**BREED**

Whippet

**SEX**

MN

**AGE**

6 years

**WEIGHT**

35.7 #

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**IMAGING PERFORMED BY**

Dr Gabriel Ferrer, DVM

**HOSPITAL NAME**

Paseos Veterinary Center

**REFERRING VET**

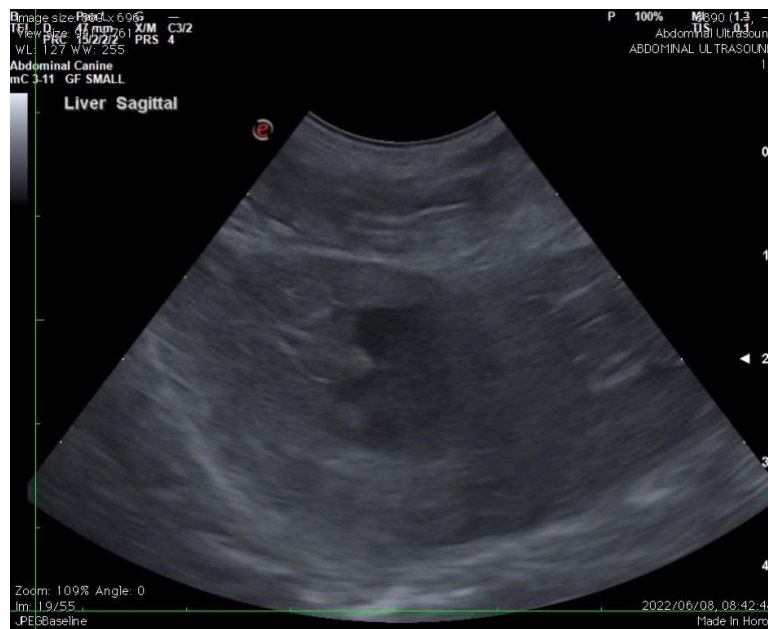
Dr Michelle Biello

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**PATIENT**

**Gall bladder**

Kylo Gonzalez

**SPECIES**

Canine

**BREED**

Whippet

**SEX**

MN

**AGE**

6 years

**WEIGHT**

35.7 #



**Urinary bladder**



**INTERPRETED BY**

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**IMAGING PERFORMED BY**

Dr Gabriel Ferrer, DVM

**HOSPITAL NAME**

Paseos Veterinary Center

**REFERRING VET**

Dr Michelle Biello

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**DATE**

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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)**  
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