


PATIENT PRESENTING CLINICAL SIGNS

Talla Sangster History: Intermittent lethargy, anorexia, vomiting, and mucoid-hemorrhagic diarrhea.

SPECIES Physical Examination: Heart murmur.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: Azotemia, hyperphosphatemia.

Schipperke Radiographic Findings: N/A.

SEX

FS

Age

16 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

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

WEIGHT Normal trigone area, proximal urethra (0.3 cm), and iliac blood vessels.

15 # Normal iliac lymph nodes (0.9 cm). Ureters not visualized.

Normal renal size (left 3.4 cm, right 3.8 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, and normal capsule. Bilateral pyelectasia (left 0.3 cm, right 0.2 cm).

INTERPRETED BY

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 ECVIM

Reproductive System

N/A.

IMAGING PERFORMED BY

Sonya Myers, DVM

Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 0.5/0.38 cm, right 0.53/0.49 cm).

HOSPITAL NAME

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 Emergency

Spleen

Normal size with a mottled echogenic and nodular appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Ill-defined mottled echogenic parenchymal mass (1.3 x 2.7 cm) in the body of the spleen; hyperechogenic parenchymal nodule (0.9 x 1.1 cm) in the tail of the spleen.

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Dr Rivera

Liver
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Enlarged with rounded edges, mottled echogenic and nodular appearance, loss of portal markings, and regular curvilinear capsule. Nodules are parenchymal, ill-defined, of varying sizes, and hyperechogenic in appearance. Ill-defined hyperechogenic parenchymal mass (1.9 x 2.2 cm) in the left lobe. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).

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PATIENT
Gastrointestinal

Talla Sangster

Focal mottled echogenic mineralized gastric wall mass (1.3 x 1.8 cm) in the region of the cardia with the rest of wall having a normal appearance. Ingesta-filled stomach. Segmental thickening of the small intestine (duodenum 0.48 cm, jejunum 0.46 cm) and colon (0.39 cm) with no loss of layering or distension of the lumen.

SPECIES

Canine

Pancreas
BREED

Schipperke

Normal size (right 1.1 cm), echogenic appearance and regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen
SEX

FS

Normal mesenteric lymph nodes (1.5 cm).
No ascites.

Age

16 years

ULTRASONOGRAPHIC FINDINGS
WEIGHT

15 #

Primary Findings:

- Gastric mass.
- Nodular hepatopathy.
- Hepatic mass.
- Splenic mass.
- Renal disease.
- Enteropathy.

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Secondary Findings:

- None.

IMAGING PERFORMED BY

Sonya Myers, DVM

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Emergency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastric mass would be neoplasia, granuloma, focal perforation, ulceration.

Etiologies for the nodular hepatopathy would be reactive, hyperplasia, nodular regeneration, granulomatous disease, chronic hepatitis, and infiltrative neoplasia.

REFERRING VET

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Etiologies for the hepatic and splenic masses would be hyperplasia, neoplasia, granuloma, hematomas, and neoplasia. An additional differential diagnosis for the hepatic mass would be extension of the nodular regeneration.

The appearance of the kidneys is consistent with chronic kidney disease with pyelonephritis, a differential diagnosis.

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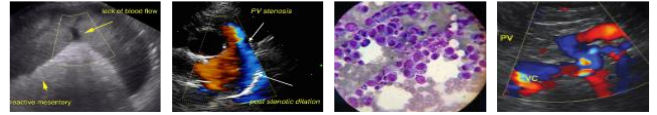
Etiologies for the enteropathy would be inflammatory bowel disease, parasitic enteritis, and dietary hypersensitivity; with non-specific enteritis, a less likely diagnosis.

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Further assessment would be urine and fecal analyses, urine culture, cobalamin assay, FNA cytology of the liver, spleen, and hepatic and splenic masses, and possibly endoscopy of both the upper and lower GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



PATIENT

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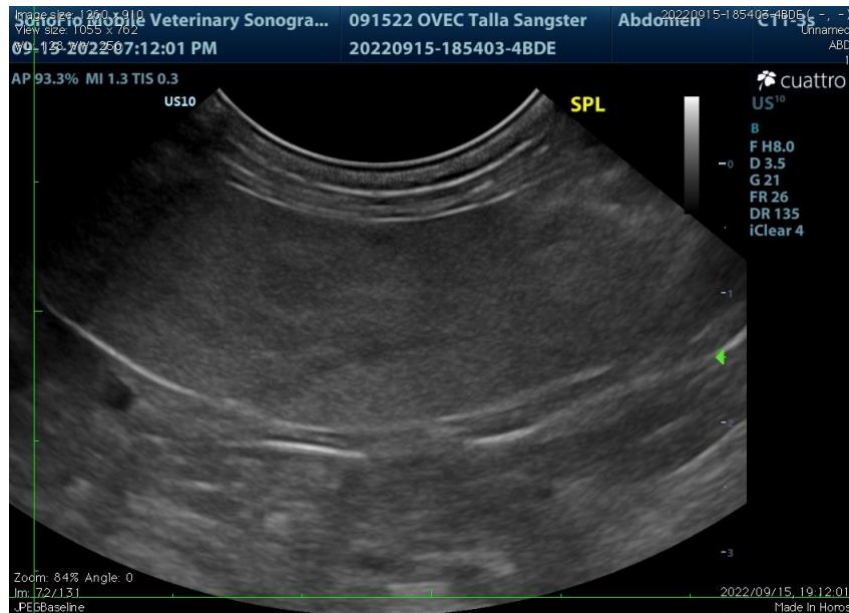
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IMAGES

Spleen





PATIENT Stomach

Talla Sangster

SPECIES

Canine

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Schipperke

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Age

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WEIGHT

15 #



Right kidney

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PATIENT Liver

Talla Sangster

SPECIES

Canine

BREED

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WEIGHT

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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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