

PATIENT

Mel Votto

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

12 year

WEIGHT

66 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Boca Midtowne Animal
Hospital

REFERRING VET

Dr Boazman

INVOICE

303431

DATE

9/24/22

PRESENTING CLINICAL SIGNS

History: Mass on chin. On Denamarin for a hepatopathy.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: Elevated liver enzyme activity.

Radiographic Findings: Hepatic mass.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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

Normal iliac lymph nodes (0.9 x 2.4 cm). Ureters not visualized.

Normal renal size (left 7.1 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

Reproductive System

N/A.

Adrenal Glands

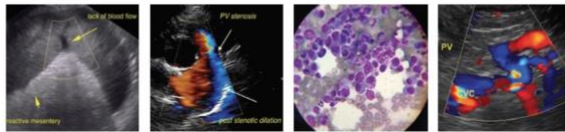
Normal shape, echogenic appearance, position. Bilaterally enlarged – left 3.1 x 0.98/1.1 cm, right 1.15/1.19 cm.

Spleen

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

Liver

Enlarged with rounded edges, increased echogenic appearance, loss of portal markings, and irregular capsule, the latter associated with masses. Multiple large irregular parenchymal mottled echogenic masses (8 x 8.2 cm, 4.7 x 6.6 cm). FNA taken with no obvious post aspirate hemorrhage. Irregular cystic mass (7.2 x 8.5 cm) in the right lobe. Full gall bladder containing moderate amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.28 cm, duodenum 0.24 cm, jejunum 0.3 cm) and peristaltic activity, and no distension of the lumen.

Pancreas

Normal size (right 1.6 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Hepatopathy.
- Hepatic masses.
- Adrenomegaly.

Secondary findings:

- Gall bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatopathy would be secondary to the hepatic masses with chronic hepatitis and nodular regeneration differential diagnosis.

Etiologies for the hepatic masses would be neoplasia and hepatomas, with extension from nodular regeneration an unlikely differential diagnosis.

Etiologies for the adrenomegaly would be pituitary-dependent Cushing's disease and disease stress.

Further assessment needs to be based on the results of the FNA aspirate but could include 3-view thoracic radiographs and adrenal function testing (ACTH stimulation/LDDS test). Tru-Cut/wedge biopsy of the hepatic masses may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management of the liver and gall bladder would be ursodiol.



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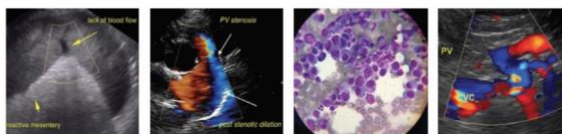
IMAGES

Left adrenal



Right adrenal





PATIENT **Liver**

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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)
 rlobetti@mweb.co.za