



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Chewy Castillo History: Suspected splenic mass.

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

Canine Urinalysis: N/A.

CBC: N/A.

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

Poodle Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**MN** *Urinary System*

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

11 years

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

**WEIGHT**

18 #

Normal iliac lymph nodes (0.7 cm). Ureters not visualized.

Normal renal size (left 4.6 cm right 5.1 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

**INTERPRETED BY**

*Reproductive System*

Small hypoechogenic prostate (0.9 cm).

*Adrenal Glands*

Normal shape, echogenic appearance, position, and size. Left 0.47/0.36 cm, right 0.47/0.32 cm.

*Spleen*

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Large mottled echogenic cavitary vascularized mass (3.1 x 3.4 cm) originating from the body of the spleen.

*Liver*

Enlarged with rounded edges, normal echogenic appearance and portal markings, and regular curvilinear capsule. Irregular parenchymal hypoechogenic nodules up to 2.2 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 (0.2 cm).

*Gastrointestinal*

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.5 cm, jejunum 0.46 cm, colon 0.1 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the stomach (0.63 cm) with no loss of layering.

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**IMAGING PERFORMED BY**

Sonya Myers, DVM

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**REFERRING VET**

Dr Caja/Chow

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303384

**DATE**

9/8/22



**PATIENT** *Pancreas*

Chewy Castillo Enlarged (right 1.1 cm) with a diffuse hyperechogenic appearance and irregular capsule. Hyperechogenic echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

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

**BREED**

Poodle

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- SEX**
- MN**
- Age**
- Splenic mass.
- Pancreatitis.
- Nodular hepatopathy.
- Gastritis.

11 years

Secondary Findings:

**WEIGHT**

18 #

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Etiologies for the splenic mass would be neoplasia, hematoma, and granuloma.

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The appearance of the pancreas is consistent with chronic pancreatitis and could account for the hepatopathy and gastric thickening.

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

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Other etiologies for the gastritis would be non-specific (viral, toxins, parasites, dietary indiscretion), *Helicobacter* gastritis, ulcerative disease, and inflammatory bowel disease.

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Further assessment would be cPL/PSL assay, 3-view thoracic radiographs, echocardiography, and FNA cytology of the splenic mass and liver. Laparotomy should be considered as this would allow for splenectomy, wedge biopsy of the liver, and biopsy of the stomach wall.

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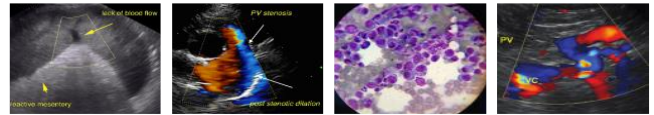
Specific therapy would be dependent on an etiological diagnosis.

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**PATIENT**

Chewy Castillo

**SPECIES**

Canine

**BREED**

Poodle

**SEX**

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**Age**

11 years

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**IMAGES**

**Liver**



**Spleen**



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**PATIENT Stomach**

Chewy Castillo

**SPECIES**

Canine

**BREED**

Poodle

**SEX**

MN

**Age**

11 years

**WEIGHT**

18 #



**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.

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