



PATIENT

Lola Theisen

SPECIES

Canine

BREED

Havanese

SEX

Spayed female

AGE

12 years

WEIGHT

12 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Myers

HOSPITAL NAME

Lake Emma AH

REFERRING VET

Dr. Hecker

INVOICE

47762

DATE

6/15/23

PRESENTING CLINICAL SIGNS

History: Elevated liver values, high GGT with active diarrhea. R/O: biliary disease eg mucocele.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a thickened and irregular appearance of the apical wall, with the rest of the wall having a normal thickness and appearance. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels. The urethra measured 0.4 cm.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding. The iliac lymph node measured 0.7 cm.

Normal renal size with increased echogenic appearance, some loss of corticomedullary differentiation, and normal pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 4.2 cm. The right kidney measured 4.3 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature. The left adrenal gland measured 0.52 x 0.41 cm. The right adrenal gland measured 0.41 x 0.54 cm.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.2 cm.

Liver

Normal size with a hyperechogenic and nodular appearance. There was some loss of portal markings, and regular curvilinear capsule. Nodules are of varying echogenicity, parenchymal and up to 1.1 x 2.3 cm in size. No masses are evident. Normal appearance of the hepatic and portal vasculature. An FNA was taken with no obvious post aspirate hemorrhage evident.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct. The bile duct measured 0.2 cm.



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Gastrointestinal

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Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. The stomach measured 0.41 cm. The duodenum measured 0.4 cm. The jejunum measured 0.38 cm. The colon wall measured 0.2 cm.

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Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 0.6 cm. The right pancreas measured 1.1 cm.

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Free Abdomen

Normal mesenteric lymph nodes. The mesenteric lymph node measured 1.4 cm.

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No ascites evident.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nodular hepatopathy.
- Cystitis.

Secondary Findings

- Age related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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The appearance of the urinary bladder would be consistent with cystitis (sterile or bacterial) with emerging neoplasia a differential diagnosis.

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Further assessment needs to be based on the pending cytology results, but could include urinalysis, urine culture and BRAF analysis.

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic management of the liver would be Ursodiol.



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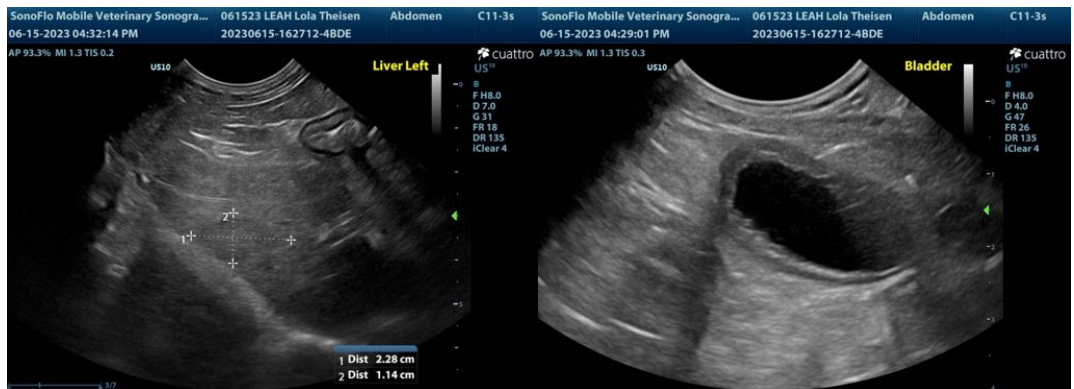
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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