



PATIENT PRESENTING CLINICAL SIGNS

Izzy Busby History: Prominent liver on palpation - r/o hepatomegaly, liver disease, open. Heart murmur.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

BREED

Normal appearance of the trigone area, proximal urethra (0.40 cm), and iliac blood vessels.

Boston Terrier

Normal appearance and size of the iliac lymph nodes (1.50 cm). Ureters not visualized, which can be considered a normal finding.

SEX

Spayed Female

Normal renal size (left kidney 4.20 cm) (right kidney 4.20 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis, and capsule. No infarcts, mineralization or renoliths evident.

AGE

14 years

Adrenal Glands

Normal shape, echogenic appearance, size (left 0.51 x 0.41 cm) (right 0.50 x 0.47 cm), position, and appearance of the visible peri-renal vasculature.

WEIGHT

21 lbs

Spleen

Normal size (1.10 cm) 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.

INTERPRETED BY

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

Liver

Normal size, with a diffuse, increased echogenic and nodular appearance, loss of portal markings, and regular curvilinear capsule. Nodules are faint, hyperechogenic and parenchymal. No masses evident. Normal appearance of the hepatic and portal vasculature. FNA taken, with no obvious post-aspirate hemorrhage evident.

IMAGING PERFORMED BY

Sonya Myers DVM

Gallbladder

The gallbladder is full containing small amount of adhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct (0.20 cm).

HOSPITAL NAME

Lake Emma AH

Gastrointestinal

Segmental thickening of the gastric wall of the stomach (0.55 cm, 0.80 cm and 0.91 cm), with no loss of layering. Normal appearance of the duodenum (0.49 cm), small intestine, ileo-cecal junction, and colon (0.14 cm) with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. The jejunum measured 0.32 cm.

REFERRING VET

Hecker

Pancreas

Mildly enlarged (right 0.90 cm), especially the right limb, with a hyperechogenic appearance and irregular margins. Mild hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

INVOICE

13448

Free Abdomen

Normal mesenteric lymph nodes (1.20 cm).

No ascites evident.

DATE

6.22.23



PATIENT

Izzy Busby

ULTRASONOGRAPHIC FINDINGS

Primary Findings

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

- Nodular hepatopathy
- Gastritis
- Pancreatitis
- Cystitis

Secondary Findings

- Gallbladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

14 years

WEIGHT

21 lbs

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

Etiologies for the gastritis would be nonspecific inflammation, inflammatory bowel disease, helicobacter gastritis, ulcerative gastritis, granulomatous disease and emerging neoplasia.

The most likely etiology for the pancreas would be low-grade chronic pancreatitis.

Further assessment needs to be based on the pending cytology results, but could include urine and fecal analysis, urine culture, cPL/PSL assay, and gastroscopy with biopsies. A Tru-cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be feeding small, frequent meals of a low-fat intestinal diet, analgesics, and Ursodiol.

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SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

14 years

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.

INTERPRETED BY

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

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)
info@sonopath.com

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