



PATIENT

Daisy Ramos

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed female

AGE

12 years

WEIGHT

10.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Liliam Maldonado

INVOICE

45061

DATE

7/3/23

PRESENTING CLINICAL SIGNS

History: Patient presented for an echocardiogram and abdominal ultrasound. Daisy 11 yrs presented for routine spay and dental cleaning. Upon examination, a L 3/6 heart murmur was appreciated. X-ray revealed L atrial enlargement with no pulmonary edema appreciated. incidental abdominal changes were noted such as hepatomegaly, mineralization within the liver region, and intestinal gas accumulation. recent BW revealed thrombocytosis, the rest was otherwise unremarkable. Ddx: hepatomegaly: r/o steroid hepatopathy vs hepatic congestion Liver mineralization: r/o Cholelithiasis Tx: Pimobendan 1.25mg BID Amoxicillin BID x 7 d Carprofen 12.5mg SID x 6 d

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A moderate amount of floating, hyperechoic sediment was present. No uroliths evident. The urinary bladder wall thickness measured 0.1 cm.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. The right iliac lymph node measured 0.5 cm. Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 3.9 cm. The right kidney measured 4.1 cm.

The uterine stump measured 1.0 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature. The left adrenal gland measured 1.92 cm in length x 0.64 cm in width. The right adrenal gland measured 1.8 cm in length x 0.59 cm in width.

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 1.0 cm.

Liver

The liver is enlarged with rounded edges. Diffuse, mottled echogenic appearance with some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature. Multi-focal, patchy, pinpoint mineralization was noted in the liver.



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Gallbladder

The gallbladder is full containing a moderate amount of hyperechoic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct. Gallbladder wall thickness measured 0.1 cm.

Gastrointestinal

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 wall measured 0.27 cm, duodenum measured 0.51 cm and jejunum measured 0.35 cm and the colon measured 0.18 cm.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 0.4 cm. The right pancreas measured 1.2 cm.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy.

Secondary Findings

- Gallbladder and urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the liver could be reactive hyperplasia, vacuolar, metabolic, chronic hepatitis or less likely infiltrative neoplasia. The patchy mineralization in the liver is most likely from a previous episode of hepatitis. However, hypercalcemia needs to be considered and ruled out.

Further assessment would be urinalysis, urine culture and FNA cytology of the liver.

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



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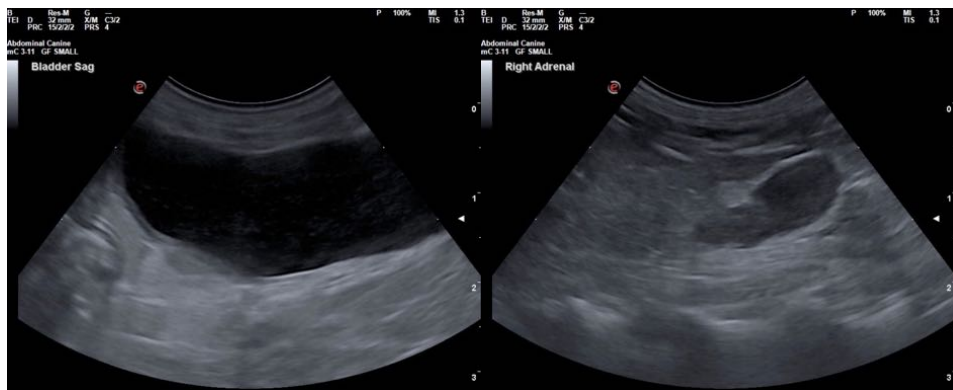
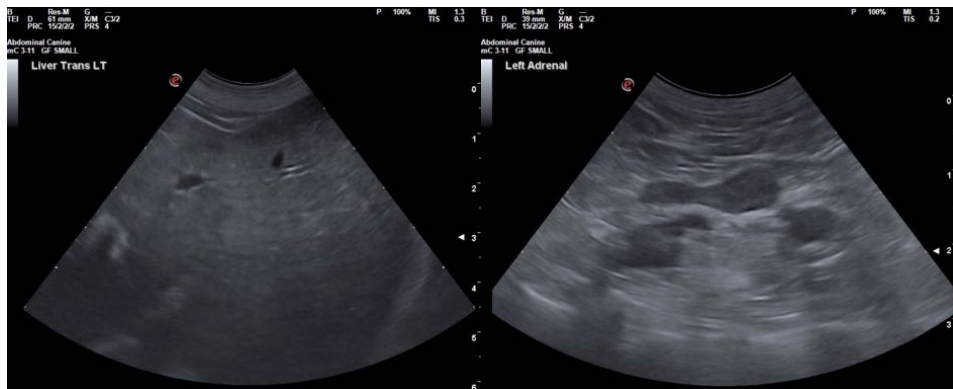
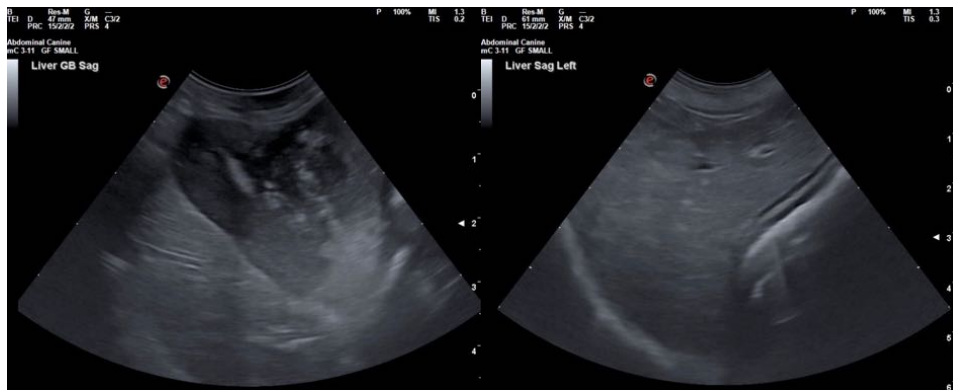
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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