



PATIENT	PRESENTING CLINICAL SIGNS
Lillie Reid	History: Liver enzymes elevated
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.
Cocker Spaniel	Normal appearance of the trigone area, proximal urethra (0.30 cm), and iliac blood vessels.
SEX	Normal appearance and size of the iliac lymph nodes (1.70 cm). Ureters not visualized, which can be considered a normal finding.
Female Spayed	
AGE	Normal renal size (left kidney 6.20 cm) (right kidney 6.50 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.
9 years	
WEIGHT	Adrenal Glands
46 lbs	Normal shape, echogenic appearance, and position. Normal size of the right gland (0.59 x 0.65 cm). Enlarged left gland (0.71 x 0.78 cm). Normal appearance of the peri-adrenal vasculature.
INTERPRETED BY	Spleen
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM	Normal size (1.30 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.
IMAGING PERFORMED BY	Liver
Sonya Myers DVM	Enlarged with rounded edges, a diffuse increased echogenic and nodular appearance, some loss of portal markings, and regular curvilinear capsule. Nodules are small, hypoechoic, faint and parenchymal. No masses evident. Normal appearance of the hepatic and portal vasculature. FNA taken, with no obvious post-aspirate hemorrhage evident.
HOSPITAL NAME	Gallbladder
Banfield Oviedo	The gallbladder is small containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct (0.30 cm).
REFERRING VET	Gastrointestinal
Nicklin	Normal appearance of the stomach (0.28 cm), ileo-cecal junction, and colon (0.20 cm) with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Segmental thickening of the duodenum (0.60 cm) and small intestine (0.53 cm) with no loss of layering, maintaining a normal 1:3 muscularis to mucosal ration, normal peristaltic activity and no distention of the lumen. Moderate amount of ingesta within the stomach.
INVOICE	Pancreas
14074	Mildly enlarged (left 1.10 cm / right 1.20 cm) with a diffuse hyperechogenic appearance and irregular capsule, with some degree of hyperechogenic appearance of the surrounding mesentery and fat.
DATE	Free Abdomen
8.12.23	Mild mesenteric lymphadenomegaly (0.50 x 1.90 cm) with normal shape and echogenic appearance.



PATIENT No ascites evident.

Lillie Reid **ULTRASONOGRAPHIC FINDINGS**

SPECIES **Primary Findings**

Canine • Nodular hepatopathy

BREED • Enteropathy

Cocker Spaniel • Possible pancreatitis

SEX • Lymphadenomegaly

Female Spayed • Left adrenomegaly

AGE **Secondary Findings**

9 years • Gall bladder sediment

WEIGHT

46 lbs **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

INTERPRETED BY Etiologies for the nodular hepatopathy would be reactive, nodular hyperplasia, metabolic, granulomatous disease, chronic hepatitis an infiltrative neoplasia.

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

Etiologies for the enteropathy would be nonspecific enteritis (dietary indiscretion, toxins viral), parasitic enteritis, inflammatory bowel disease, and dietary hypersensitivity, with lymphoma an unlikely differential diagnosis.

IMAGING PERFORMED BY

The most likely etiology for the lymphadenomegaly would be reactive, with lymphadenitis and infiltrative neoplasia unlikely differential diagnoses.

Sonya Myers DVM

Etiologies for the left adrenal gland would be disease stress, and emerging pituitary-dependent Cushing's disease.

HOSPITAL NAME

Banfield Oviedo

Further assessment needs to be based on the pending cytology results, but could include fecal analysis, cobalamin assay, cPL/PSL assay, adrenal function test (if there are compatible clinical signs of Cushing's disease), and possibly endoscopy of the upper GI tract with biopsies.

REFERRING VET

Nicklin

A Tru-cut or wedge biopsy of the liver may be required for a final etiological diagnosis of the hepatopathy. a Specific therapy would be dependent on an etiological diagnosis.

INVOICE

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SPECIES

Canine

BREED

Cocker Spaniel

SEX

Female Spayed

AGE

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**IMAGING
PERFORMED BY**

Sonya Myers DVM

HOSPITAL NAME

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REFERRING VET

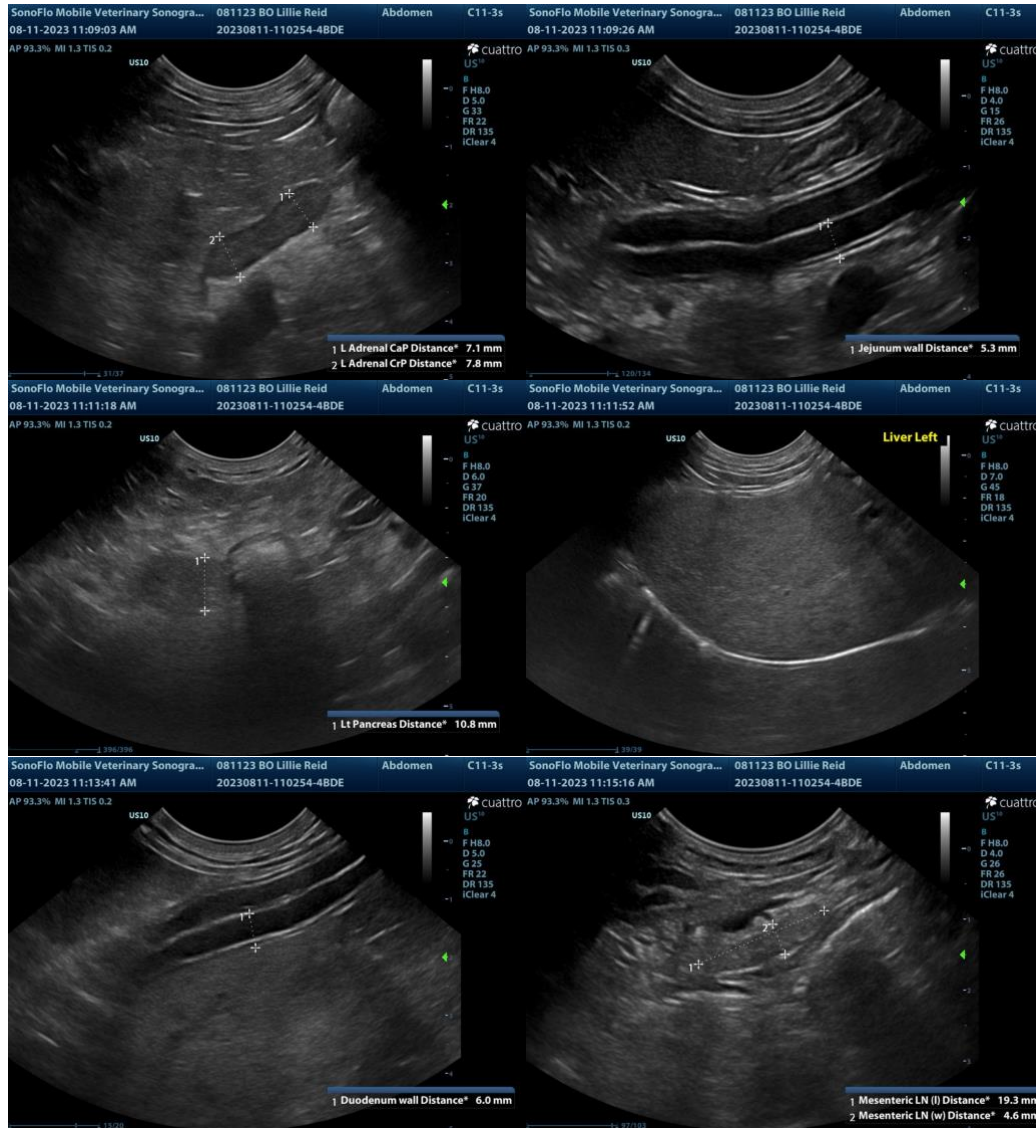
Nicklin

INVOICE

14074

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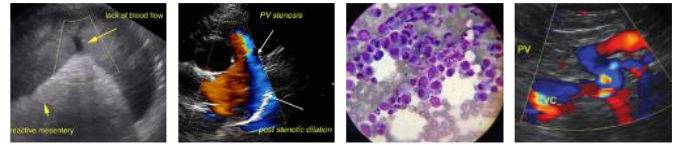
8.12.23



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)
info@sonopath.com



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Lillie Reid

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Female Spayed

AGE

9 years

WEIGHT

46 lbs

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