



PATIENT	PRESENTING CLINICAL SIGNS
Malta Melinda Gants	History: large abdominal mass palpated on exam. Abnormal PE/Chem/CBC/UA Results: ALP - 1276 GGT - 22 K+ - 6.1 Na:K - 24 PSL - 179 WBC - 18.5 PLT - 914 Neutrophils - 15355 Monocytes - 1295 T4 - 0.7 1+ protein in urine BP - 138mmHg
SPECIES	
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Chiweenie	The urinary bladder is full with a normal thickness and smooth appearance of the wall. Small amount of floating hyperechogenic sediment present. No uroliths evident.
SEX	Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.
Female Spayed	Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.
AGE	
12 years, 10 mos	Normal renal size (left kidney 4.90 cm) (right kidney 5.30 cm), with increased echogenic appearance, loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Bilateral cortical cysts present (measuring up to 0.50 cm in size).
WEIGHT	
20.28 lbs	Adrenal Glands
INTERPRETED BY	The left adrenal gland is of normal shape, echogenic appearance, and position, but enlarged (measuring 0.68 x 0.89 cm). The right adrenal gland is of normal size, (0.63 x 0.62 cm), position, and appearance of the visible peri-renal vasculature.
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM	Spleen
IMAGING PERFORMED BY	Normal size (measuring 1.20 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.
Cathleen Whitcraft, DVM	Liver
HOSPITAL NAME	Normal size, with a diffuse, increased, mottled echogenic and nodular appearance, loss of portal markings, and regular curvilinear capsule. Nodules are hyperechogenic and parenchymal. No masses evident. Normal appearance of the hepatic and portal vasculature.
Craig Road AH	Gallbladder
REFERRING VET	The gallbladder is full, 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.
Sarah Jansen, DVM	Gastrointestinal
INVOICE	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.
13192	Pancreas
DATE	Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.
8.2.23	Free Abdomen
	Normal mesenteric lymph nodes. Large, irregular, mottled echogenic and cavitary mass (measuring 8.70 x 9.30 cm in size), possibly associated with the liver. Hyperechogenic appearance of the surrounding mesentery.



PATIENT

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SPECIES

Canine

BREED

Chiweenie

SEX

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AGE

12 years, 10 mos

WEIGHT

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INTERPRETED BY

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MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Cathleen Whitcraft,
DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Sarah Jansen, DVM

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No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Abdominal mass
- Nodular hepatopathy
- Renal disease vs age-related changes
- Left adrenomegaly

Secondary Findings

- Gall and urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

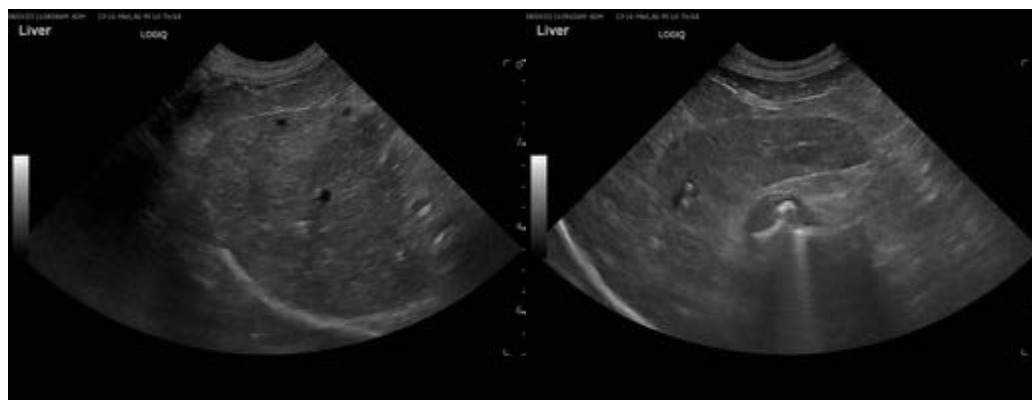
Etiologies for the mass would be granuloma and neoplasia.

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

Although the appearance of the kidneys may merely be age-related changes, early chronic kidney disease needs to be considered.

Etiologies for the left adrenomegaly would be an incidental finding, disease stress, and emerging pituitary-dependent Cushing's disease.

Further assessment would be three-view thoracic radiographs and FNA cytology of the mass and liver. CT scan could also be considered, as well as a laparotomy, the latter possibly being both diagnostic and therapeutic.





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PERFORMED BY**

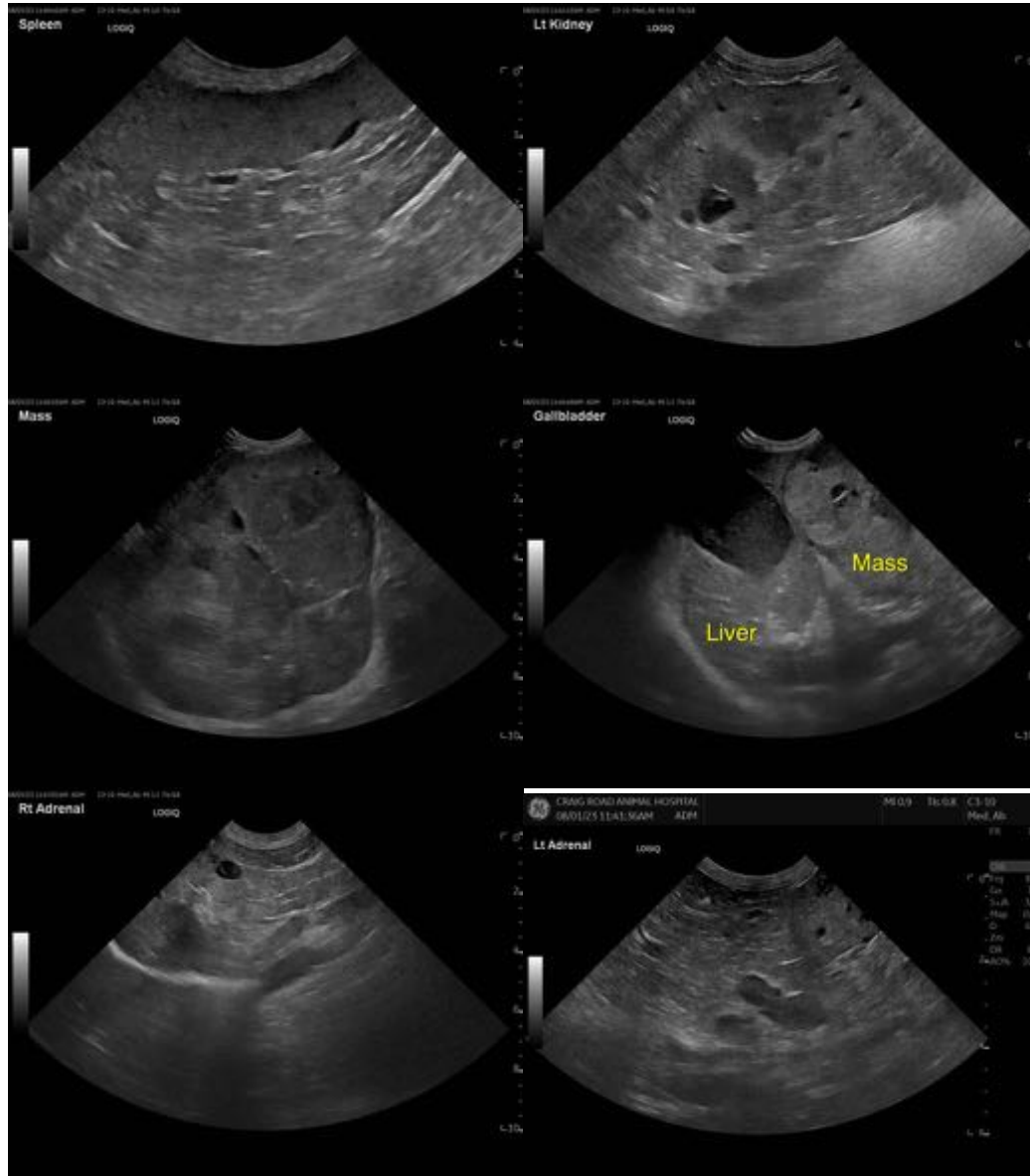
Cathleen Whitcraft,
DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Sarah Jansen, DVM



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.

INVOICE

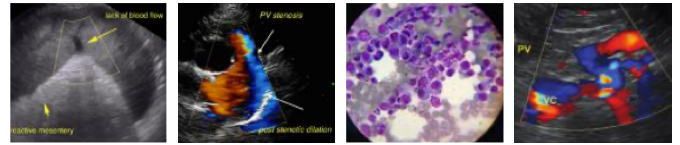
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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
info@sonopath.com



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