



PATIENT PRESENTING CLINICAL SIGNS

Neli Salamanca History: The patient presented with severe lethargy and no signs of improvement on medication.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

BREED

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

SEX

Spayed Female Iliac lymphadenomegaly (measuring 1.90 and 2.10 cm) with a rounded shape and increased echogenic appearance.

AGE

11 years, 4 mos Normal renal size (left kidney 5.10 cm) (right kidney 5.60 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident.

WEIGHT

18.6 lbs Adrenal Glands Normal shape, echogenic appearance, size (left 1.73 cm in length x 0.37 cm in width) (right 1.88 cm in length x 0.48 cm in width), position, and appearance of the visible peri-renal vasculature.

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM **Spleen** Normal size (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.

IMAGING PERFORMED BY

Dr. Paul Kim **Liver** Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Two focal hyperechogenic parenchymal nodules (measuring 0.50 cm). No masses evident. Normal appearance of the hepatic and portal vasculature.

HOSPITAL NAME

Ridgefield Park AH **Gallbladder** The gallbladder is full containing moderate amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

REFERRING VET

Dr. Paul Kim **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. Small amount of ingesta within the stomach.

INVOICE

13916 **Pancreas** Normal size (left measuring 0.60 cm) with an increased echogenic appearance and irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

DATE

8.2.23 **Free Abdomen** Prominent appearance of the mesenteric lymph nodes (measuring 1.30 cm) with a rounded and hypoechogenic appearance.

No ascites evident.



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Neli Salamanca

Primary Findings

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed Female

AGE

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WEIGHT

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HOSPITAL NAME

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REFERRING VET

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- Iliac and mesenteric lymphadenomegaly
- Hepatic nodules
- Chronic pancreatitis vs fibrosis

Secondary Findings

- Age-related renal changes
- Gallbladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the lymphadenomegaly would be reactive, hyperplasia, lymphadenitis, and infiltrative neoplasia.

The two hepatic nodules are most likely incidental findings representing nodular hyperplasia, with a granulomatous reaction or infiltrative neoplasia highly unlikely differential diagnoses.

Further assessment would be CBC and serum biochemistry (if not already done), cPL/PSL assay and FNA cytology of the lymph nodes.

With the presenting clinical signs, intrathoracic pathology and cardiovascular disease should be considered, and possibly followed up with survey thoracic radiographs and echocardiography, if indicated.

Specific therapy would be dependent on an etiological diagnosis.





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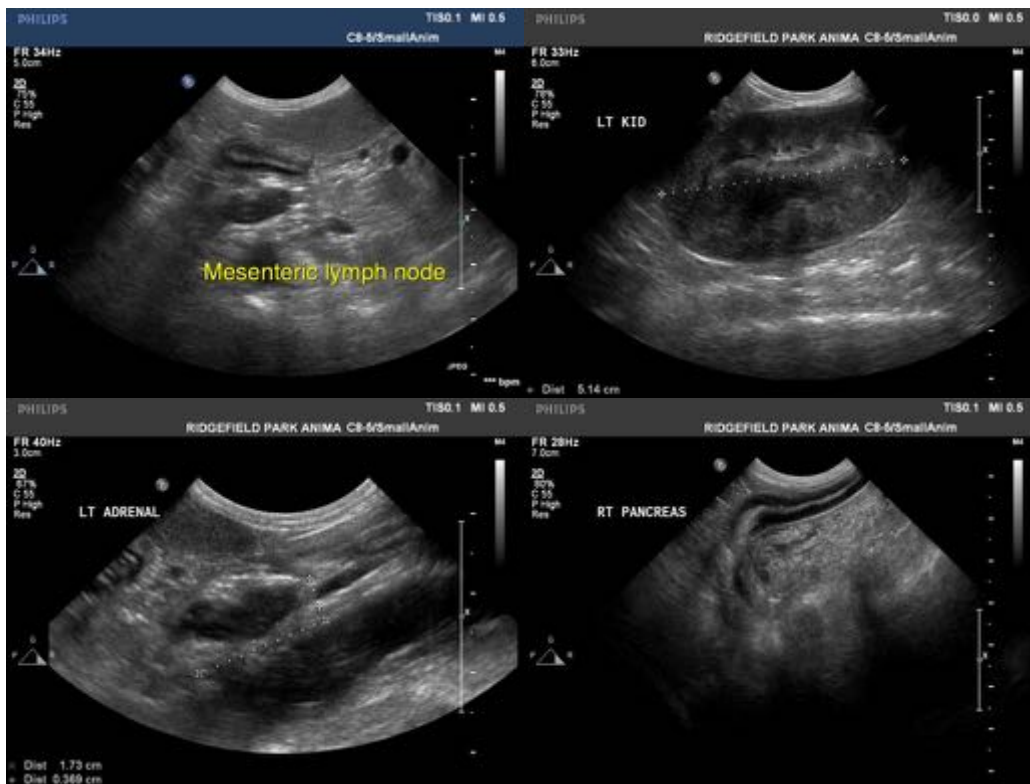
Dr. Paul Kim

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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.

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