



PATIENT

Hallie Bo Toffoli

SPECIES

Canine

BREED

Beagle

SEX

Spayed female

AGE

13 years

WEIGHT

43 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sonya Myers

HOSPITAL NAME

Banfield Oviedo

REFERRING VET

Dr. Nicklin

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46701

DATE

8/22/23

PRESENTING CLINICAL SIGNS

History: Unresolved hepatopathy the past couple months; no changes after Denamarin (09/15/23 ALKP 310 ALT 112 GGT 0 - 8/13/23 ALKP 501 ALT 227 GGT 4 - 5/12/23 ALKP 326 ALT 200 - 3/05/23 ALKP 394 ALT 149 GGT 1 - 2/06/23 ALKP 519 ALT 178 GGT 3)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels. The urethra measured 0.6 cm.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding. The iliac lymph nodes measured 1.8 cm.

Normal renal size, with increased echogenic appearance, some loss of corticomedullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 5.4 cm. The right kidney measured 6.0 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature. The left adrenal gland measured 0.68 x 0.59 cm. The right adrenal gland measured 0.57 x 0.61 cm.

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 1.7 cm.

Liver

Normal size, with a diffuse, hyperechogenic appearance, some loss of portal markings and regular curvilinear capsule. Focal, hypoechoic parenchymal nodule was noted in the left lobe measuring 0.7 x 1.0 cm with bulging of the overlying capsule. FNA taken with no obvious post aspirate hemorrhage evident.

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. The common bile duct measured 0.3 cm.



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Gastrointestinal

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Segmental thickening of the stomach (0.55 cm), duodenum (0.58 cm), jejunum (0.57 cm) and colon (0.41 cm) with no loss of layering, maintaining a 1:3 muscularis to mucosa ratio, normal peristaltic activity, and no distension of the lumen. Small, hyperechoic, structure within the stomach measuring 0.1 cm without any obvious obstruction of the pylorus. Normal appearance of the ileocecal junction.

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Pancreas

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Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 1.5 cm and the right pancreas measured 1.8 cm.

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Normal mesenteric lymph nodes. The mesenteric lymph node measured 1.1 cm.

No ascites evident.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Hepatic nodule.
- Gastroenteropathy.
- Gallbladder sediment.
- Age related renal changes.

IMAGING PERFORMED BY

Sonya Myers

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Etiologies for the hepatopathy would be reactive hyperplasia, vacuolar, metabolic and chronic hepatitis with infiltrative neoplasia, a highly unlikely differential diagnosis. The most likely etiology for the hepatic nodule would be the incidental finding with granuloma, hematoma, focal hyperplasia and neoplasia differential diagnosis.

REFERRING VET

Dr. Nicklin

Etiologies for the gastroenteropathy would be non-specific gastroenteritis (dietary indiscretion, toxins, viral), Helicobacter gastritis, ulcerative gastroenteritis, parasitic enteritis and dietary hypersensitivity with emerging lymphoma, a very unlikely differential diagnosis.

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Further assessment needs to be based on the pending cytology results, but could include fecal analysis and endoscopy of both the upper and lower GI tract with biopsies. A Tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis. Specific therapy would be dependent on an etiological diagnosis. Symptomatic management of the liver and gallbladder would be Ursodiol.

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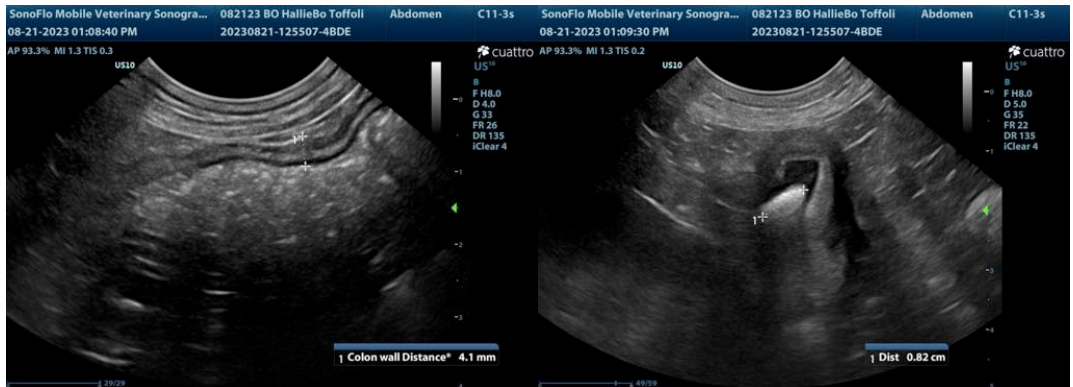
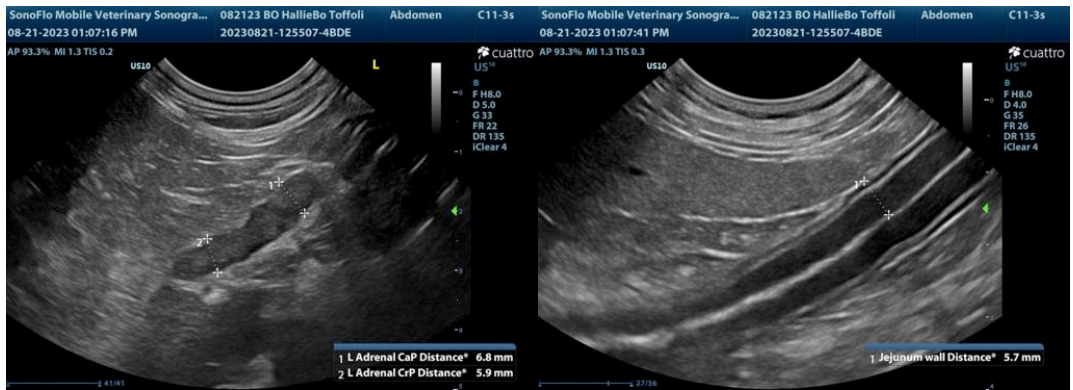
Dr. Nicklin

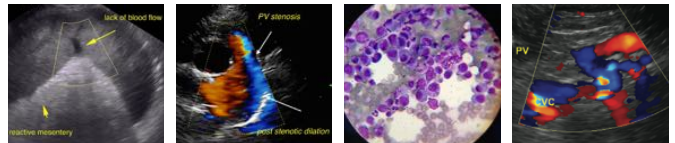
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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