



PATIENT

Snug Michaud

SPECIES

Canine

BREED

Boxer

SEX

Neutered male

AGE

9 years

WEIGHT

86 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sonya Myers DVM

HOSPITAL NAME

Banfield Oviedo

REFERRING VET

Dr. Nicklin

INVOICE

46702

DATE

8/22/23

PRESENTING CLINICAL SIGNS

History: Elevated alt and alkp now doubled since a month ago, on Denamarin and liver diet and history of grade 2 heart murmur

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

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

Iliac lymphadenomegaly (0.7 x 0.5 cm) with normal shape and echogenic appearance. 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 7.2 cm and the right kidney measured 6.7 cm.

Small, hypoechogenic prostate measuring 1.1 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature. The left adrenal gland measured 0.69 cm x 0.55 cm. The right adrenal gland measured 0.68 x 0.69 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 3.0 cm.

Liver

The liver is enlarged in size with rounded edges and diffuse, hyperechogenic and nodular appearance. There was some loss of portal markings and irregular curvilinear capsule. The nodules are faint, hypoechoic, parenchymal and up to 1.0 -1.9 cm in size. FNA was taken without any obvious post aspirate hemorrhage evident.

Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct. The common bile duct measured 0.2 cm.



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Gastrointestinal

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Segmental thickening of the stomach (0.92 cm), duodenum (0.75 cm) and jejunum (0.52 cm) with no loss of layering, maintaining a 1:3 muscularis to mucosa ratio, normal peristaltic activity, and no distension of the lumen. Normal appearance of the ileocecal junction and colon. The colon measured 0.23 cm.

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Pancreas

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Normal size with a mottled, echogenic appearance and irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 1.6 cm. The right pancreas measured 2.4 cm.

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Free Abdomen

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Mesenteric lymphadenomegaly (0.5 x 2.2 cm) with normal echogenic appearance and shape.

No ascites evident.

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ULTRASONOGRAPHIC FINDINGS

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- Nodular hepatopathy.
- Gastroenteropathy.
- Mesenteric and iliac lymphadenomegaly.
- Chronic pancreatitis versus pancreatic fibrosis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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Etiologies for the gastroenteropathy would be non-specific gastroenteritis (dietary indiscretion, toxins, viral), inflammatory bowel disease, Helicobacter, gastritis, ulcerative gastroenteritis, dietary hypersensitivity and parasitic enteritis with emerging lymphoma (less likely).

REFERRING VET

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

Further assessment would be based on the pending cytology results, but could include CPL/PSL assay and endoscopy of the upper GI tract with biopsies. A Tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be Ursodiol.

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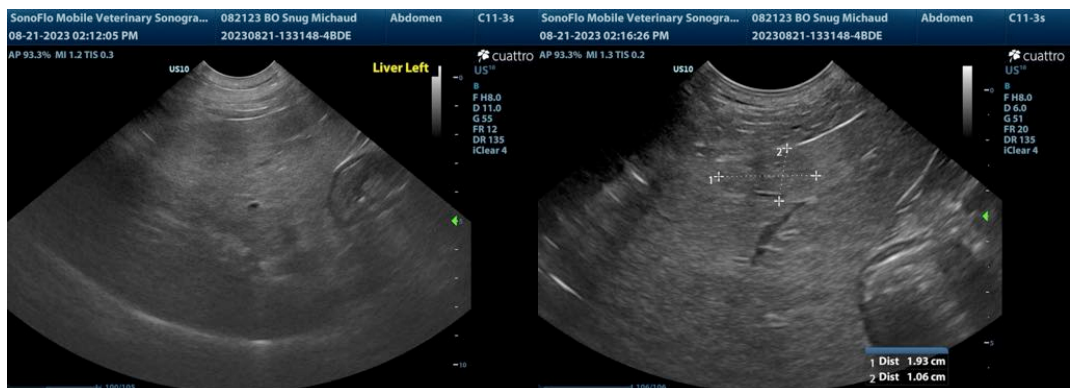
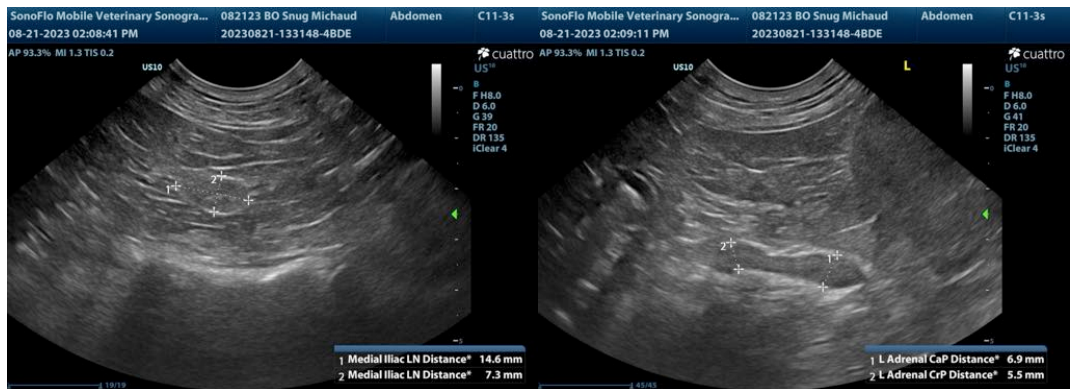
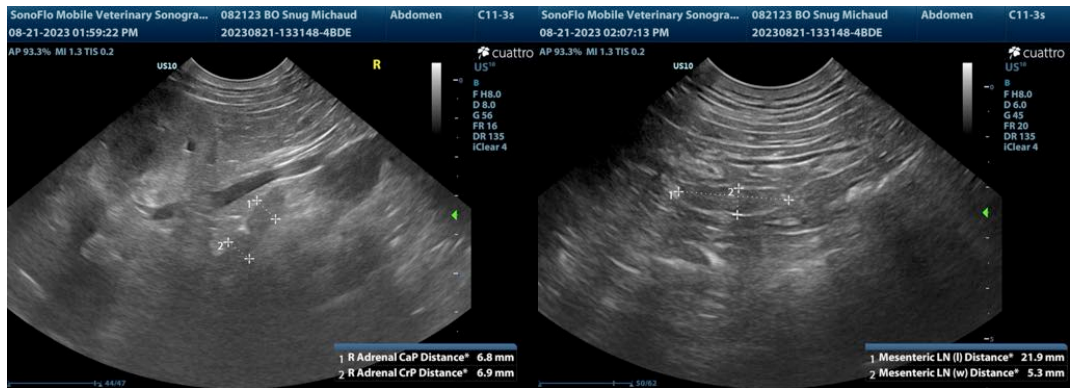
Dr. Nicklin

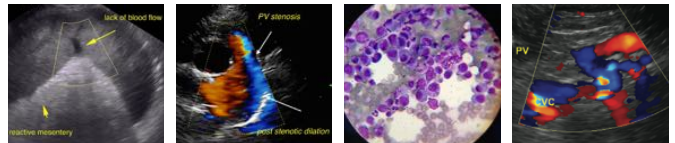
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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