



PATIENT

Cully Webster

SPECIES

Canine

BREED

Border Collie

SEX

Spayed female

AGE

12 years

WEIGHT

23.6 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Gumley

HOSPITAL NAME

Cedarview AH

REFERRING VET

Dr. Gumley

INVOICE

46733

DATE

8/23/23

PRESENTING CLINICAL SIGNS

History: Acute weakness and recumbency but resolved after 48 hours. Significant bacteriuria found on UA (has had recurrent UTIs), currently on Clavamox. CT scan performed on Aug 15th at neurologist and radiologist described a 5 cm x 3.4 cm mass extending from the ventral left liver lobe.
Abnormal PE/Chem/CBC/UA Results: WBC = 18.3, neuts = 14.3, monos = 1.4 ALT = 158, rest normal UA sp gr = 1.012, 4+ WBCs, rod bacteria. Culture pending.

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.

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

Normal renal size (left kidney measured 5.6 cm, right kidney measured 5.4 cm), with increased echogenic appearance, some loss of corticomedullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

The left adrenal gland is normal shape, echogenic appearance, size (0.58 x 0.37 cm), position, and appearance of the surrounding vasculature. The right adrenal gland is normal in shape, echogenic appearance, but enlarged (0.74 cm), normal appearance of the surrounding vasculature.

Spleen

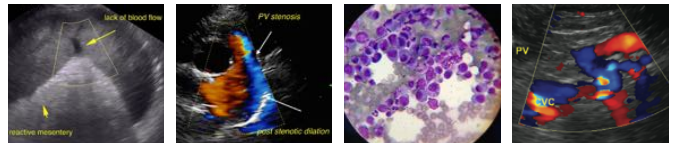
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.6 cm.

Liver

Normal size with a coarse, mottled, echogenic appearance, some loss of portal markings, and regular curvilinear capsule. A large, well circumscribed, isoechoic mass (3.3 x 5.3 cm) was noted in the left lobe with bulging of the overlying capsule. Small, parenchymal, hypoechoic nodule (0.7 x 1.9 cm in the left lobe). Small, hyperechoic nodule measuring (0.4 x 0.7 cm) in the left lobe. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing a small amount of hyperechoic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



PATIENT

Cully Webster

SPECIES

Canine

BREED

Border Collie

SEX

Spayed female

AGE

12 years

WEIGHT

23.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gumley

HOSPITAL NAME

Cedarview AH

REFERRING VET

Dr. Gumley

INVOICE

46733

DATE

8/23/23

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. Duodenum (0.43 cm).

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Hepatic masses and nodules.
- Right adrenomegaly.
- Gallbladder sediment.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the large hepatic mass would be hepatoma, extension of nodular hyperplasia, granuloma and neoplasia.

Etiologies for the right adrenal gland would be incidental finding, reactive disease, distress and emerging pituitary dependent Cushing's disease.

Further assessment would be FNA cytology of the liver and hepatic masses, adrenal function testing (ACTH stimulation/LDDST) should be considered if compatible clinical signs of Cushing's disease. A Tru cut or wedge biopsy of the liver and hepatic mass may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic measurement of the liver and gallbladder would be Ursodiol.



PATIENT

Cully Webster

SPECIES

Canine

BREED

Border Collie

SEX

Spayed female

AGE

12 years

WEIGHT

23.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gumley

HOSPITAL NAME

Cedarview AH

REFERRING VET

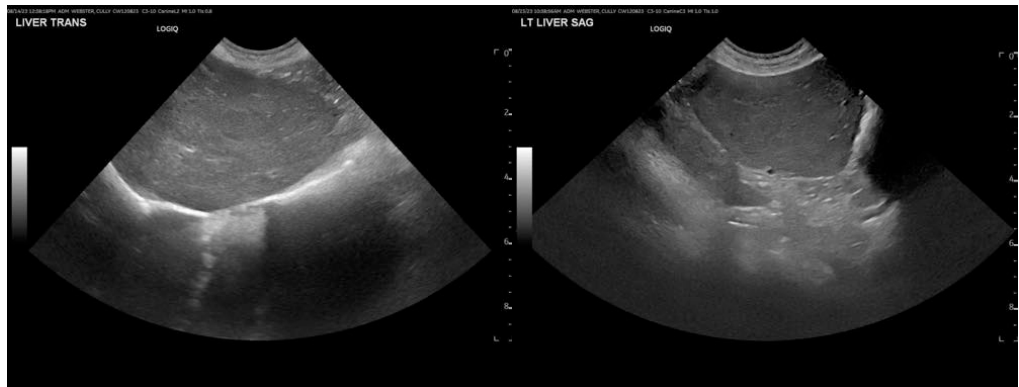
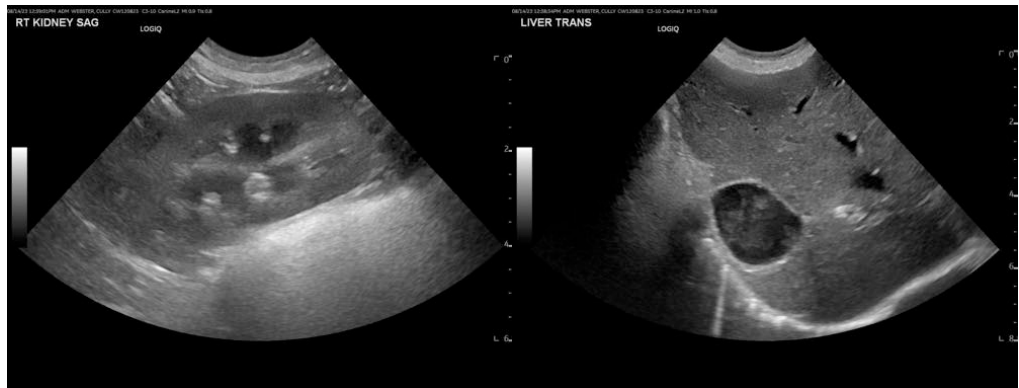
Dr. Gumley

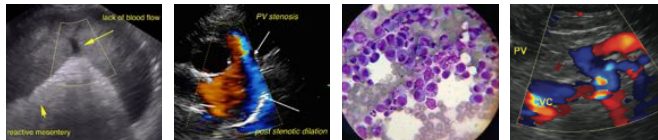
INVOICE

46733

DATE

8/23/23





PATIENT

Cully Webster

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.

SPECIES

Canine

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.

BREED

Border Collie

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

info@sonopath.com

SEX

Spayed female

AGE

12 years

WEIGHT

23.6 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Gumley

HOSPITAL NAME

Cedarview AH

REFERRING VET

Dr. Gumley

INVOICE

46733

DATE

8/23/23