



PATIENT	PRESENTING CLINICAL SIGNS
Bongo Smart	History: History of elevated ALT and ALP. Cushing's testing was negative (Dec 2022). PE - WNL. Currently on Gabapentin 300mg to help with osteoarthritis and Hepatic Support.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: BW on 7/7/23 revealed ALT 131 (was 161 in 12/22), ALP 572 (was 535 in 12/22) R/O gallbladder vs hepatic disease
BREED	
Pitbull Terrier Mix	
SEX	
Neutered Male	
AGE	
10 years, 6 mos	
WEIGHT	
92 lbs	
INTERPRETED BY	
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM	
IMAGING PERFORMED BY	
Carri Underwood	
HOSPITAL NAME	
SVS Imaging MI-2	
REFERRING VET	
Dr. Fitz's Bayside AC	
INVOICE	
13969	
DATE	
8.4.23	
	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. Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding. Normal renal size (left kidney 7.30 cm) (right kidney 8.40 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.
	Reproductive System Small hypoechoic prostate (0.92 cm).
	Left Adrenal Gland Normal shape, echogenic appearance, size (0.62 x 0.51 cm) position, and appearance of the visible peri-renal vasculature.
	Right Adrenal Gland Enlarged and irregular caudal pole (measuring 1.29 cm). Normal cranial pole (measuring 0.68 cm). Normal echogenic appearance, position, and appearance of the visible 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. Small, anechoic, parenchymal nodule in the head of the spleen (measuring 0.60 cm). Large, round, poorly-vascularized mass (measuring 4.20 x 4.60 cm) in the tail of the spleen. Hyperechogenic appearance of the surrounding mesentery.
	Liver Enlarged with rounded edges, a diffuse, mottled echogenic and nodular appearance, loss of portal markings, and regular curvilinear capsule. Nodules are faint, hypoechoic, and parenchymal. Focal anechoic parenchymal cyst (measuring 1.60 x 2.10 cm) in the right lobe, in the vicinity of the gallbladder.
	Gallbladder The gallbladder is full, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.
	Gastrointestinal Normal appearance of the stomach (measuring 0.39 cm), duodenum (measuring 0.54 cm), small intestine (measuring 0.38 cm), ileo-cecal junction, and colon (measuring 0.22 cm) with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

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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**Primary Findings**

- Splenic mass
- Splenic nodule
- Hepatopathy
- Right adrenal mass

Secondary Findings

- Hepatic cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenic mass would be neoplasia, hematoma and granuloma.

Etiologies for the splenic nodule would be focal hyperplasia, granuloma, abscess, hematoma and neoplasia.

The most likely etiology for the right adrenal gland would be a nonfunctional adenoma or carcinoma, with pheochromocytoma a differential diagnosis.

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

Further assessment would be three-view thoracic radiographs, echocardiography to evaluate the right atrium and auricle and FNA cytology of the liver and the splenic mass.

Splenectomy should be considered, which would also allow for biopsy of the liver. Ultrasound monitoring of the right adrenal gland would also be recommended. Adrenalectomy could be considered.



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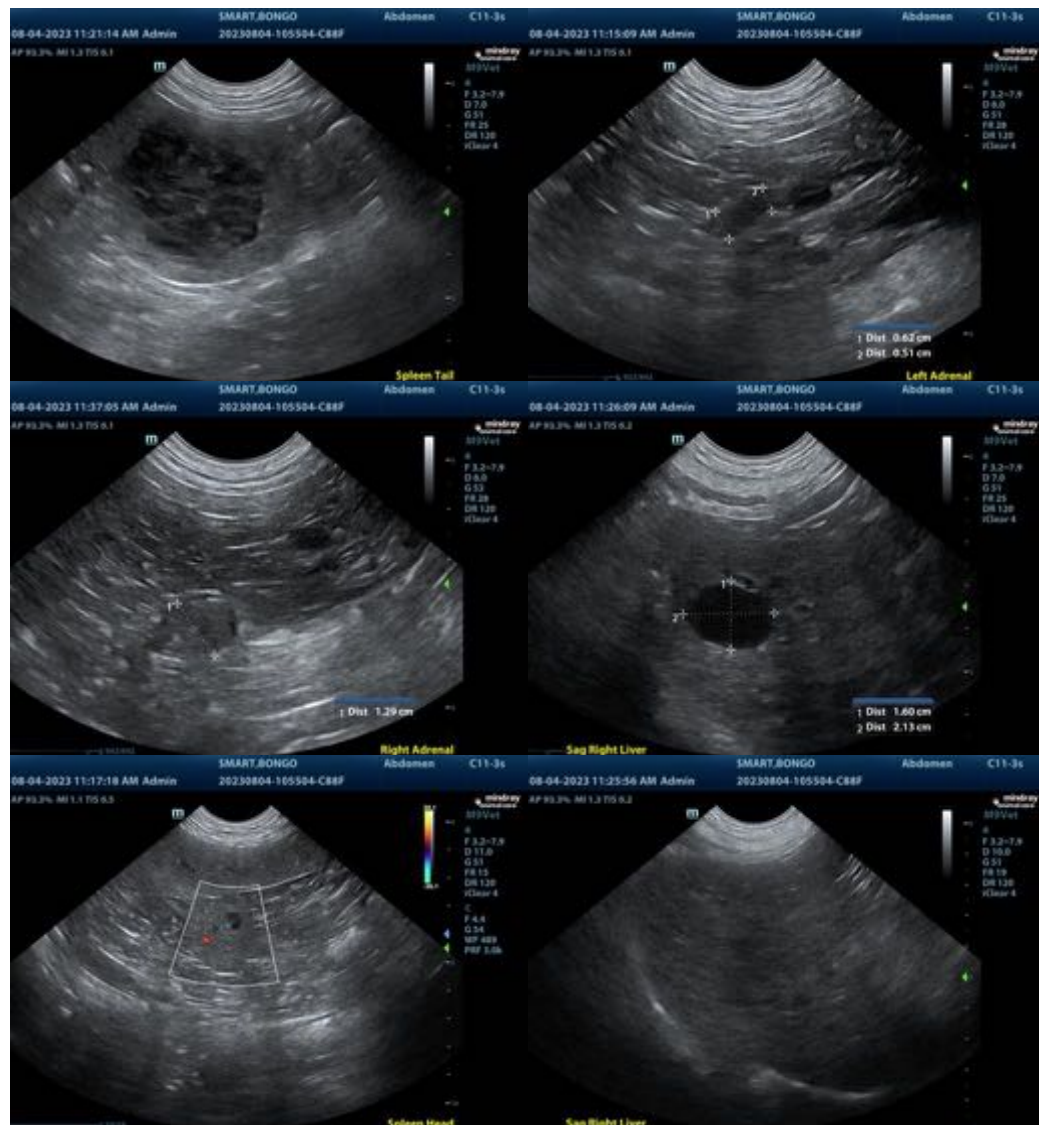
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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