



**PATIENT PRESENTING CLINICAL SIGNS**

Cooper Hinds

History: Polydipsia, weight loss.

**SPECIES**

Physical Examination: Dental disease.

Canine

Urinalysis: SG 1.013, pH 6, negative sediment.

**BREED**

Fecal Analysis: Negative.

Labrador retriever

CBC: Normal.

**SEX**

Serum Biochemistry: Elevated ALT activity, triglycerides, cPL, and ProBNP. Normal T4. Negative 4Dx.

MN

Radiographic Findings: N/A.

**AGE**

9 years

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**WEIGHT**

4.75 #

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

Normal trigone area, proximal urethra, and iliac blood vessels.

**INTERPRETED BY**

Normal iliac lymph nodes. Ureters not visualized.

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

Normal renal size (left 6 cm, right 8.4 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal blood flow, capsule, and pelvis.

**IMAGING PERFORMED BY**

**Reproductive System**

N/A.

Carissa Rhoades

**Adrenal Glands**

Normal size, shape, and echogenic appearance. Left 1.97 x 0.77 cm.

**HOSPITAL NAME**

**Spleen**

Elizabeth Animal Hospital

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**REFERRING VET**

Dr Sareena Enloe, DVM

**Liver**

**INVOICE**

302605

Normal size with a mottled and coarse echogenic appearance, and some loss of portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Normal bile duct.

**DATE**

10/16/20

**Gastrointestinal**

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no lumen distension.



**PATIENT** *Pancreas*

Cooper Hinds Normal size and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Canine No mesenteric lymphadenomegaly.  
No ascites.

**BREED** *Thorax*

Labrador retriever Slow heart rate with reduced myocardial contraction.  
No pericardial or pleural effusion.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

9 years

Primary findings:

- Hepatopathy.
- Age-related renal changes vs renal disease.

**WEIGHT**

4.75 #

Secondary findings:

- None.

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the hepatopathy would be reactive, vacuolar, metabolic, chronic hepatitis, early nodular regeneration, breed-specific hepatitis, iron/copper hepatitis, and early cirrhosis with infiltrative neoplasia a less likely differential diagnosis.

With the polydipsia and isosthenuria, early chronic kidney disease needs to be considered.

Although the appearance of the heart may merely be from the sedation, with the elevated ProBNP early dilated cardiomyopathy should be considered.

Further assessment would be SDMA, FNA cytology of the liver, and echocardiography. A Tru-Cut/wedge biopsy may, however, be required for a final etiological diagnosis of the liver.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy for the liver would be ursodiol

**IMAGING PERFORMED BY**

Carissa Rhoades

**HOSPITAL NAME**

Elizabeth Animal Hospital

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**PATIENT IMAGES**

Cooper Hinds **Liver**

**SPECIES**

Canine

**BREED**

Labrador retriever

**SEX**

MN

**AGE**

9 years

**WEIGHT**

4.75 #

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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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