

PATIENT PRESENTING CLINICAL SIGNS

Angel Farley History: Follow up abdominal ultrasound. On phenobarbital for seizures. Elevated ALP activity – on ursodiol. Gabapentin as needed for pain.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

BREED Previous CBC: N/A.

Chihuahua Previous Serum Biochemistry: Elevated ALP activity.

Radiographic Findings: N/A.

SEX

FS

AGE

13 years

WEIGHT

13.2 #

INTERPRETED BY

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

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small 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.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.2 cm, right 3.9 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and pelvis.

Adrenal Glands

Normal size, shape, position, and echogenic appearance.

Spleen

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

Liver

Normal size with a diffuse mottled echogenic-to-nodular echogenic appearance, and some loss of portal markings. Nodules are parenchymal, hyperechogenic in appearance and up to 1.2 cm in size. Full gall bladder containing small amount of non-adherent sediment. Normal appearance and thickness of the gall bladder wall. Normal bile duct.

IMAGING PERFORMED BY

Dr Jo Goodman

HOSPITAL NAME

Evendale Blue Ash Pet
Hospital

REFERRING VET

Dr Jo Goodman

INVOICE

302522

Gastrointestinal

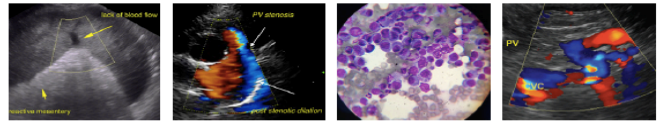
Normal appearance of the pylorus, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and no lumen distension.

DATE

8/12/21

Pancreas

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



PATIENT *Free Abdomen*

Angel Farley
No mesenteric lymphadenomegaly.
No ascites.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Nodular hepatopathy.

Secondary Findings:

- Age-related renal changes.

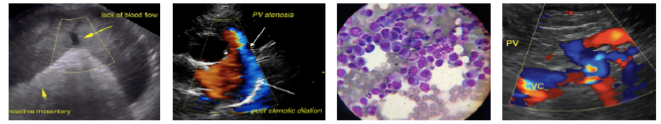
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the nodular hepatopathy would be vacuolar, reactive, secondary to the phenobarbital therapy, nodular hyperplasia, early cirrhosis, chronic hepatitis, granulomatous hepatitis, and neoplasia.

From the previous ultrasound report, there does not appear to be deterioration of the nodular hepatopathy.

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

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be to continue with the ursodiol.



PATIENT IMAGES

Angel Farley **Liver**

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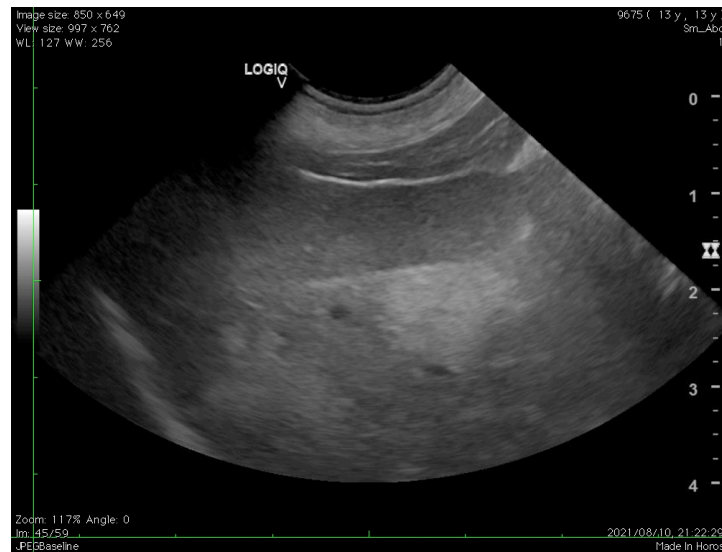
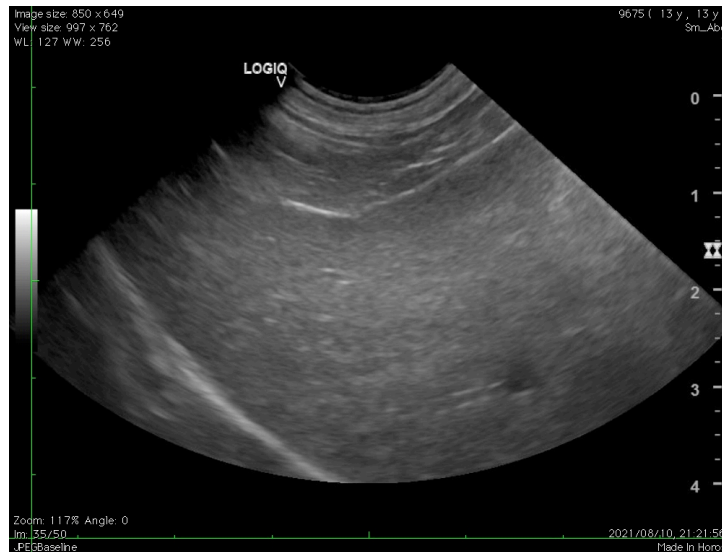
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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