


**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Bosworth Malcolm  
History: Intermittent vomiting and diarrhea that responds with symptomatic treatment. Weight loss.

**SPECIES**  
Canine  
Physical Examination: N/A.  
Urinalysis: N/A.  
CBC: N/A.

**BREED**  
GSD Mix  
Serum Biochemistry: Elevated ALP and ALT activity.  
Radiographic Findings: N/A.

**SEX**

MN

**Age**

10 years

**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.

**WEIGHT**

37 kg

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

Normal iliac lymph nodes. Ureters not visualized.

**INTERPRETED BY**

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

Normal size (left 6.7 cm, right 6.5 cm) with normal echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

**Reproductive System**

N/A.

**IMAGING PERFORMED BY**

Dr Sarah Barthelemy

**Adrenal Glands**

Poorly visualized with normal position and echogenic appearance and possibly flattened in shape and small in size.

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**Spleen**

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Focal hypoechogenic nodule (0.6 cm) in the body of the spleen. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**REFERRING VET**

Dr Parchello

**Liver**

Normal size with a mottled and fine-nodular echogenic appearance, some loss of portal markings, and regular curvilinear capsule. Nodules are small, faint, hypoechogenic, and parenchymal. No masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

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**Gastrointestinal**

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.39 cm, jejunum 0.38 cm) and peristalsis, and no distension of the lumen.


**PATIENT** *Pancreas*

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

**SPECIES** *Free Abdomen*

Canine No mesenteric lymphadenomegaly.  
No ascites.

**BREED**
**GSD Mix** **ULTRASONOGRAPHIC FINDINGS**
**SEX** Primary Findings:

- MN
- Nodular hepatopathy.
  - Splenic nodule.
  - Small adrenal glands?

**Age**

10 years Secondary Findings:

**WEIGHT**

- 37 kg
- Gall bladder sediment.
  - Age-related renal changes.

**INTERPRETED BY** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

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

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

**IMAGING PERFORMED BY**

Dr Sarah Barthelemy

Although the appearance of the adrenal glands may be an incidental finding, with the history Addison's disease needs to be considered.

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Hospital

Further assessment would be fecal analysis, basal cortisol assay, and FNA cytology of the liver and splenic nodule.

**REFERRING VET**

Dr Parchello

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management of the liver and gall bladder would be ursodiol.

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**PATIENT**

Bosworth Malcolm

**SPECIES**

Canine

**BREED**

GSD Mix

**SEX**

MN

**Age**

10 years

**WEIGHT**

37 kg

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 ECVIM

**IMAGING PERFORMED BY**

Dr Sarah Barthelemy

**HOSPITAL NAME**

Cranston Veterinary  
 Hospital

**REFERRING VET**

Dr Parchello

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**IMAGES**

**Liver**



**Liver/gall bladder**





**PATIENT** Spleen

Bosworth Malcolm

**SPECIES**

Canine

**BREED**

GSD Mix

**SEX**

MN

**Age**

10 years

**WEIGHT**

37 kg



**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Dr Sarah Barthelemy

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

Cranston Veterinary  
 Hospital

**REFERRING VET**

Dr Parchello

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