



PATIENT PRESENTING CLINICAL SIGNS

Swift Sothern
History: Anorexia, lethargy. Previous history of renal disease.
Physical Examination: N/A.

SPECIES
Urinalysis: N/A

Canine
CBC: N/A.

BREED
Serum Biochemistry: Elevated liver enzyme activity and bilirubin.
Shiba Inu
Radiographic Findings: Possible heart base mass.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN **Urinary System**

Age
13 years
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 (0.4 cm), and iliac blood vessels.

WEIGHT
31 #
Normal iliac lymph nodes (1.1 cm). Ureters not visualized.

Normal renal size (left 5.2 cm, right 5.3 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, pyelectasia (left 0.5 cm, right 0.2 cm), and normal capsule.

INTERPRETED BY

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Reproductive System

Small hypoechogenic prostate (0.7 cm).

Adrenal Glands

Normal position, echogenic appearance, shape, and size. Left 0.63/0.6 cm, right 0.61 cm.

Spleen

Normal size (1.1 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Enlarged with rounded edges, hypoechogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing moderate amount of adherent hyperechogenic sediment, especially towards the neck. Normal thickness and echogenic appearance of the gall bladder wall. Dilated bile duct (0.5 cm) with thickened walls and adherent hyperechogenic sediment. Hyperechogenic appearance of the mesentery surrounding the bile duct.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

REFERRING VET

Dr Cosgriff

INVOICE

303778

DATE

1/17/23



PATIENT *Gastrointestinal*

Swift Sothern Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.41 cm, duodenum 0.53 cm, jejunum 0.35 cm, colon 0.18 cm) and peristaltic activity, and no distension of the lumen.

SPECIES

Canine

Pancreas

Normal size (1.1 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

BREED

Shiba Inu

Free Abdomen

Normal mesenteric lymph nodes (1.6 cm).

SEX

No ascites.

MN

Age

13 years

Primary Findings:

- Hepatopathy.
- Gall bladder sediment and dilated bile duct
- Age-related renal changes vs renal disease.

WEIGHT

31 #

Secondary Findings:

- None.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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Etiologies for the gall bladder and bile duct would be cholecystitis and emerging mucocele.

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Although the appearance of the kidneys may merely be age-related, chronic kidney disease, pyelonephritis, and bacterial nephritis needs to be considered.

Further assessment would be urinalysis, urine culture, and FNA cytology of the liver.

REFERRING VET

Dr Cosgriff

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be ursodiol and a course of antibiotics (penicillins, cephalosporins, quinones) with regular monitoring of liver enzyme activity, bilirubin, and ultrasound. If there is not a satisfactory improvement or deterioration then cholecystectomy would be indicated.

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PATIENT

Swift Sothern

IMAGES

Left kidney

SPECIES

Canine

BREED

Shiba Inu

SEX

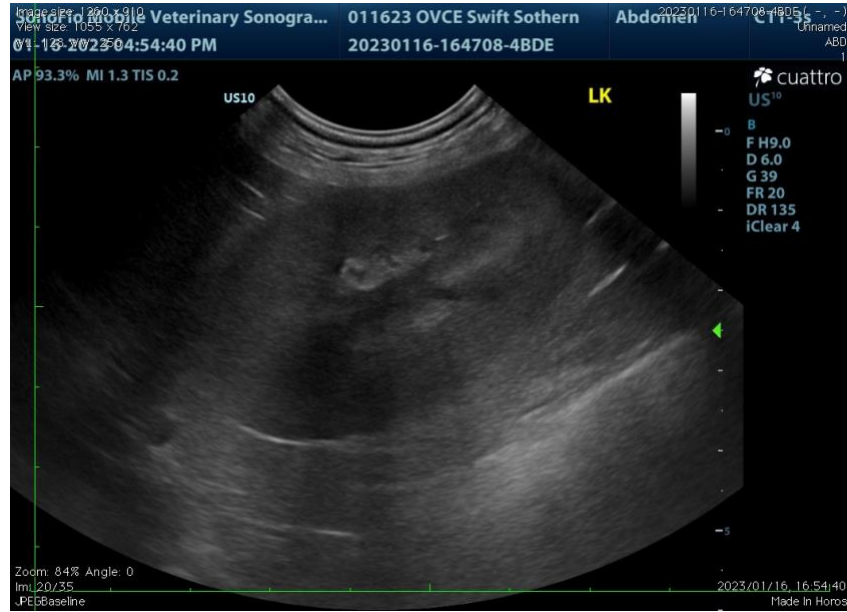
MN

Age

13 years

WEIGHT

31 #



Liver

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PATIENT

Gall bladder

Swift Sothorn

SPECIES

Canine

BREED

Shiba Inu

SEX

MN

Age

13 years

WEIGHT

31 #

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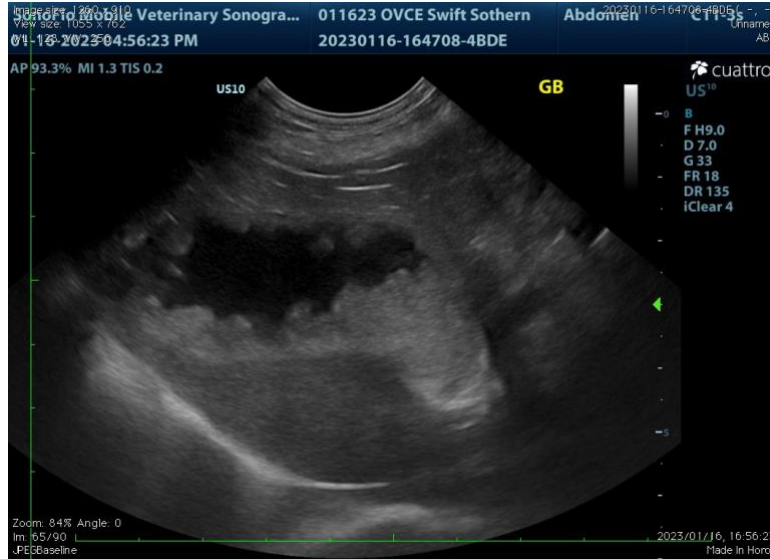
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Bile duct



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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