



PATIENT

Gino Chinni

SPECIES

Canine

BREED

Bichon

SEX

MN

AGE

14 years

WEIGHT

18.3 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

Dr Ranade

INVOICE

303829

DATE

1/30/23

PRESENTING CLINICAL SIGNS

History: Inappetence, lethargy, hind limb weakness, PuPd.

Physical Examination: N/A.

Urinalysis: SG 1.032, glucosuria.

CBC: Neutrophilia, monocytosis, thrombocytosis.

Serum Biochemistry: Azotemia, elevated glucose, and ALT and ALP activity. Hyponatremia.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and appearance of the wall. Small amount of floating hyperechogenic sediment and small uroliths/dependent hyperechogenic sediment (0.2 cm) evident.

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 5.6 cm, right 5.29 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

Reproductive System

Small hypoechogenic prostate (1.1 cm).

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.56 cm, right 0.61 cm.

Spleen

Normal size (0.9 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, diffuse hyperechogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Distended gall bladder containing large amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Dilated bile duct (0.7 cm) containing hyperechogenic sediment. Hyperechogenic appearance of the mesentery surrounding the bile duct.



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.34 cm, duodenum 0.42 cm, jejunum 0.33 cm) and peristalsis, and no distension of the lumen.

Pancreas

Normal size (1.7 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Bile duct obstruction.
- Hepatopathy.
- Age-related renal changes vs renal disease.

Secondary findings:

- Urinary bladder sediment/small uroliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gall bladder and bile duct is indicative of an obstruction with secondary hepatopathy with a differential diagnosis being cholecystitis.

Other etiologies for the hepatopathy would be reactive, hyperplasia, acute hepatitis (viral, toxins, *Leptospira*), and infiltrative neoplasia.

Although the appearance of the kidneys would be in line with age-related changes, with the azotemia, early chronic kidney disease and bacterial nephritis needs to be considered. Another possibility for the azotemia would pre-renal.

Further assessment would be urinalysis, urine culture, *Leptospira* serology/PCR, and FNA cytology of the liver.

Specific therapy would be laparotomy and stenting of the bile duct. Symptomatic management would be fluid therapy, analgesics, and antibiotics (penicillins, cephalosporins, quinolones) with regular ultrasound monitoring of the gall bladder and biliary tract.



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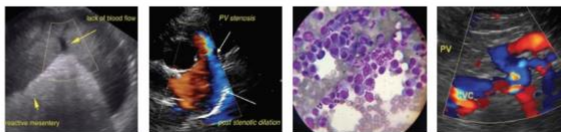
IMAGES

Gall bladder



Bile duct





PATIENT **Liver**

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Urinary bladder



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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