



PATIENT PRESENTING CLINICAL SIGNS

Yoda Riera History: Seizures managed phenobarbital and Keppra Initially showed elevated ALP activity which improved when dose of phenobarbital was reduced. On Denamarin for elevated ALT activity.

SPECIES Physical Examination: Weight loss.

Canine Urinalysis: SG 1.019.

BREED CBC: Normal.

Boston terrier Serum Biochemistry: Elevated ALP activity but lower than before, hypercalcemia. Bile acids pending.

SEX Radiographic Findings: N/A.

MN

AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

7 years **Urinary System**

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

19.6# 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 4.1 cm, right 4.6 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

Reproductive System

IMAGING PERFORMED BY N/A.

Adrenal Glands

Dr Megan Cassels-Conway, DVM Normal shape, echogenic appearance, size, and position. Left 0.75 x 0.38 cm, right 0.68 x 0.37 cm.

HOSPITAL NAME **Spleen**

Central Broward Animal Hospital 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.

REFERRING VET **Liver**

Dr Janeen Lezcano, DVM Normal size with a diffuse mottled hyperechogenic appearance and some loss of portal markings. No nodules or masses evident. Full gall bladder containing small amount of hyperechogenic non-adherent sediment. Normal appearance and thickness of the gall bladder wall. Normal bile duct.

INVOICE **Gastrointestinal**

302720

DATE 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 distension of the lumen.

2/1/22



PATIENT *Pancreas*

Yoda Riera 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

Boston terrier

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Hepatopathy.

Secondary Findings:

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

SEX

MN

AGE

7 years

WEIGHT

19.6#

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatopathy would be secondary to the phenobarbital therapy as the ALP activity is coming down with a reduction in the phenobarbital dose. Differential diagnoses would be reactive, hyperplasia, early nodular regeneration, chronic hepatitis, early cirrhosis, and infiltrative neoplasia.

INTERPRETED BY

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

An increase in liver enzyme activity with phenobarbital is well described but may not be indicative of liver dysfunction unless they are extremely high and/or there is elevation in AST and GGT activity. The general recommendation is that the drug should be discontinued if there is elevated bilirubin and bile acids or if hypoalbuminemia develops.

IMAGING PERFORMED BY

Dr Megan Cassels-
Conway, DVM

Further assessment should be based on the pending bile acids results but could be FNA cytology of the liver. Consultation with a neurologist regarding alternative anti-convulsant therapy can be considered.

HOSPITAL NAME

Specific therapy would be dependent on an etiological diagnosis.

Central Broward Animal
Hospital

REFERRING VET

Dr Janeen Lezcano, DVM

INVOICE

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PATIENT IMAGES

Yoda Riera **Liver**

SPECIES

Canine

BREED

Boston terrier

SEX

MN

AGE

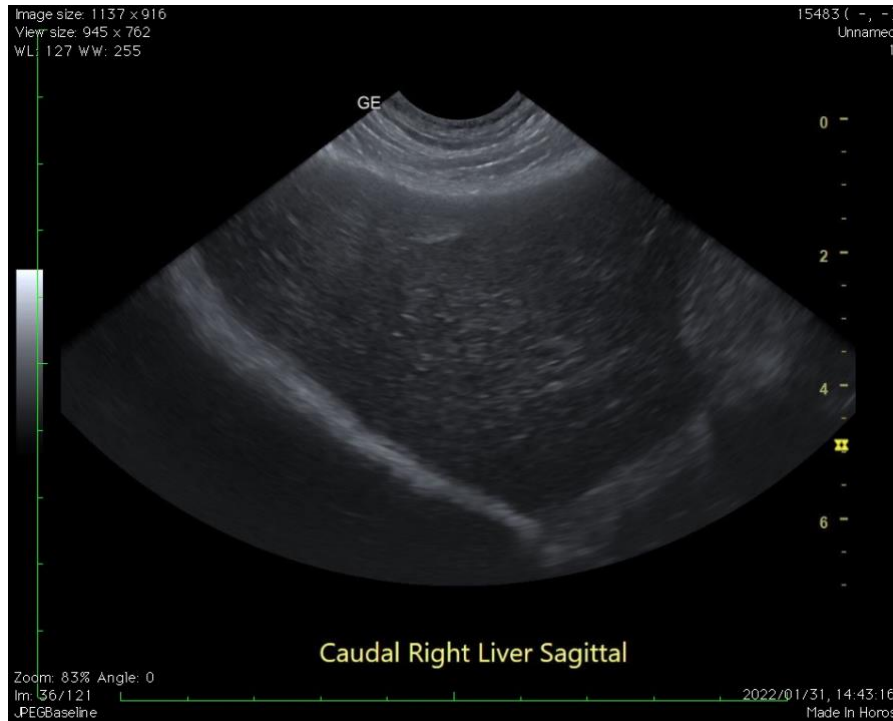
7 years

WEIGHT

19.6#

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IMAGING PERFORMED BY

Dr Megan Cassels-
Conway, DVM

HOSPITAL NAME

Central Broward Animal
Hospital

REFERRING VET

Dr Janeen Lezcano, DVM

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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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