



**PATIENT PRESENTING CLINICAL SIGNS**

Fanny Vincent History: Acute onset anorexia and vomiting. Previous azotemia – on renal diet.

**SPECIES** Physical Examination: N/A.

Canine Urinalysis: SG 1.005, few white blood cells.

CBC: Mild anemia, band neutrophilia.

**BREED** Serum Biochemistry: Azotemia, elevated liver enzyme activity, phosphate, and bilirubin.

Bichon Frise Radiographic Findings: Loss of serosal detail cranial abdomen.

**SEX**

FS

**AGE**

14 years

**WEIGHT**

12.3 #

**INTERPRETED BY**

Remo Lobetti, BVSc,  
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ECVIM

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.3 cm, right 4.5 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal blood flow, pelvis, and capsule.

**Reproductive System**

N/A.

**IMAGING PERFORMED BY**

Dr Heather Brenner

**Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Right 1.21 x 0.34/0.27 cm.

**HOSPITAL NAME**

Riverside Animal Clinic

**Spleen**

Normal size with a diffuse increased echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**REFERRING VET**

Dr Heather Brenner

**Liver**

Enlarged with rounded edges, increased and nodular echogenic appearance, some loss of portal markings, and regular curvilinear capsule. Nodules are faint, hypoechoic, and parenchymal. No masses evident. Full gall bladder containing normal anechoic bile. Normal appearance and thickness 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 and peristaltic activity, and no distension of the lumen.



**PATIENT** *Pancreas*

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

**SPECIES** *Free Abdomen*

Canine No mesenteric lymphadenomegaly.  
Hyperechogenic appearance of the mesentery.  
Small amount of ascites.

**BREED** Small amount of ascites.

Bichon Frise **ULTRASONOGRAPHIC FINDINGS**

**SEX** Primary Findings:

- FS
  - Hepatopathy.
  - Renal disease.
  - Splenic pathology.
  - Mesenteric inflammation.
  - Ascites.

**AGE** 14 years

**WEIGHT** Secondary Findings:

- 12.3 #
  - None.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the hepatopathy would be reactive, hyperplasia, acute hepatitis (viral, bacterial, toxins), granulomatous disease, and infiltrative neoplasia.

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Etiologies for the kidneys would be acute kidney injury (hypoxia, toxins), bacterial nephritis, leptospirosis.

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Etiologies for the spleen would be reactive, splenitis, and infiltrative neoplasia.

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Etiologies for the ascites and mesenteric inflammation would be secondary to the hepatopathy, renal disease, or splenic pathology and peritonitis.

Further assessment would be urine culture, *Leptospira* serology/PCR, FNA cytology of the liver and spleen, and analysis of the ascitic fluid.

Specific therapy would be dependent on an etiological diagnosis.

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**PATIENT IMAGES**

Fanny Vincent **Left kidney**

**SPECIES**

Canine

**BREED**

Bichon Frise

**SEX**

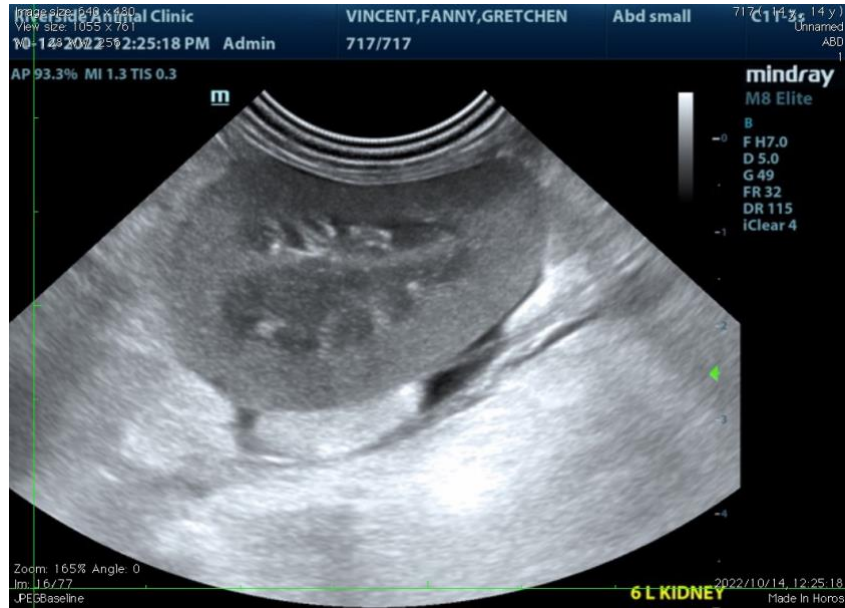
FS

**AGE**

14 years

**WEIGHT**

12.3 #



**Liver**

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**PATIENT Spleen**

Fanny Vincent

**SPECIES**

Canine

**BREED**

Bichon Frise

**SEX**

FS

**AGE**

14 years

**WEIGHT**

12.3 #

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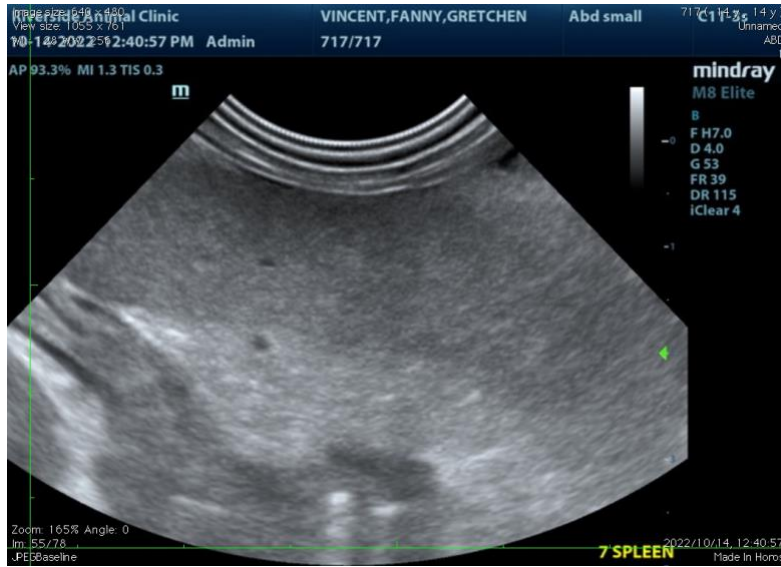
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**Mesentery**



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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