

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Buggy Howard History: Progressive elevation in ALP activity.

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

Urinalysis: N/A.

**BREED** Shih Tzu CBC: Mild thrombocytosis.

Serum Biochemistry: Elevated ALP activity, mild hypercalcemia.

Radiographic Findings: N/A.

**SEX**

MN

**AGE**

10 years

**WEIGHT**

17.3 #

**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 4.4 cm, right 4.8 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal blood flow, pelvis and capsule. Small bilateral cortical infarcts and mineralization. Small cortical cyst in the left kidney.

**Reproductive System**

Small hypoechogenic prostate (0.8 cm).

**Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Left 1.37 x 0.51/0.47 cm, right 2.18 x 0.62/0.64 cm.

**Spleen**

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

**Liver**

Normal size, echogenic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing moderate amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

**INTERPRETED BY**

Remo Lobetti, BVSc,  
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Dipl. ECVIM

**IMAGING PERFORMED BY**

Denise Bruno LVT, RDMS

**HOSPITAL NAME**

Home Care Veterinary

**REFERRING VET**

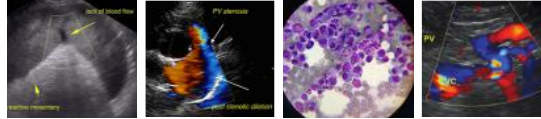
Dr Obstler

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**DATE**

10/24/22



**PATIENT**

***Gastrointestinal***

Bugsy Howard

Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristalsis, and no distension of the lumen. Segmental thickening of the small intestine (up to 0.67 cm) with no loss of layering or distention of the lumen. Faint diffuse mucosal stippling. Ingesta within the stomach and small intestine.

**SPECIES**

Canine

***Pancreas***

**BREED**

Shih Tzu

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

**SEX**

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***Free Abdomen***

No mesenteric lymphadenomegaly.  
No ascites.

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

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Primary findings:

- Hepatopathy.
- Enteropathy.

Secondary findings:

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

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the hepatopathy would be reactive, hyperplasia, metabolic, cholangitis, and chronic hepatitis.

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Etiologies for enteropathy would be inflammatory bowel disease, parasitic enteritis, dietary hyperplasia, emerging lymphangectasia, and emerging lymphoma; the latter especially with the hypercalcemia.

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Although the gall bladder sediment is most likely an incidental finding, monitoring for the development of a mucocele would be recommended.

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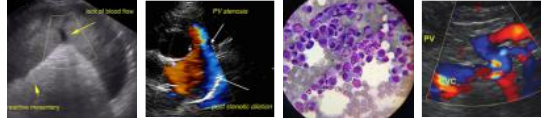
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Further assessment would be fecal analysis, ionized calcium, PTH assay, FNA cytology of the liver, and possibly endoscopy of the upper GI tract with biopsies.

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy for the liver would be ursodiol.



**PATIENT IMAGES**

Bugsy Howard **Liver**

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

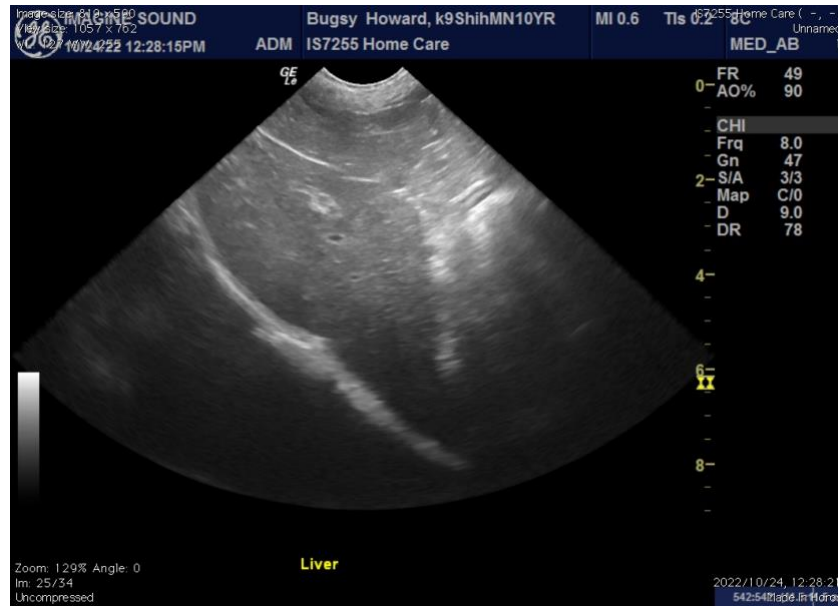
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**AGE**

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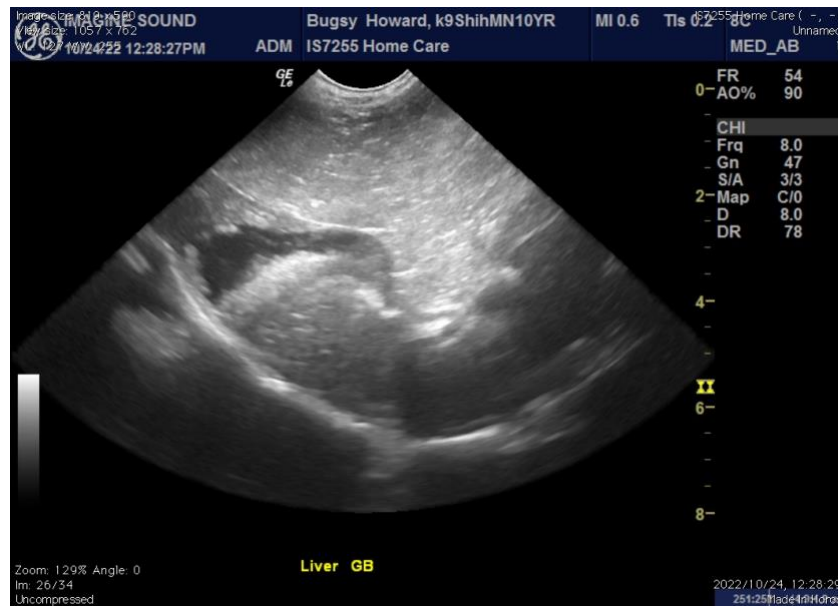
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**Gall bladder**





**PATIENT** Small intestine

Bugsy Howard

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

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**AGE**

10 years

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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.

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