



PATIENT PRESENTING CLINICAL SIGNS

Lily Carter History: Elevated liver enzyme activity on initial assessment.

SPECIES Physical Examination: Normal.

Canine Urinalysis: N/A.

CBC: Normal.

BREED Serum Biochemistry: Elevated ALT and ALP activity, bile acids, and urea.

Miniature Schnauzer Radiographic Findings: N/A.

SEX

FS

AGE

10 years

WEIGHT

13.1 #

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med), PhD, Dipl.
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 4.5 cm, right 4.7 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

N/A.

IMAGING PERFORMED BY

Jessica Bailes

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 1.82 x 0.54/0.41 cm, right 1.98 x 0.47/0.56 cm.

HOSPITAL NAME

Spleen

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

REFERRING VET

Dr Beth Marszewski

Liver

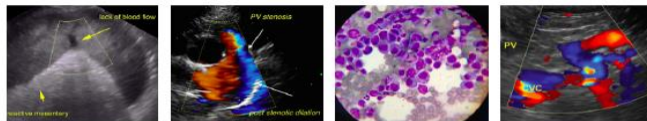
INVOICE

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Enlarged with rounded edges, increased echogenic appearance, some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing large amount of non-adherent and adherent hyperechogenic sediment some of which in stellate pattern. Thickened and hyperechogenic appearance of the gall bladder wall. Normal bile duct.

DATE

10/27/22



PATIENT *Gastrointestinal*

Lily Carter Normal appearance of the stomach, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (small intestine 0.36 cm) and peristaltic activity, and no distension of the lumen. Thickening of the duodenum (0.59 cm) with mucosal stippling, no loss of layering, or distension of the lumen.

SPECIES

Canine

Pancreas

BREED

Miniature Schnauzer

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

Free Abdomen

SEX

FS

No mesenteric lymphadenomegaly.
No ascites.

AGE

10 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Primary Findings:

- Hepatopathy.
- Mucocele.
- Duodenitis.

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Secondary Findings:

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Jessica Bailes

Etiologies for the hepatopathy would be reactive, vacuolar, metabolic, nodular regeneration, chronic hepatitis, and neoplasia.

HOSPITAL NAME

The appearance of the gall bladder is consistent with a mucocele.

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Veterinary Clinic

Although the appearance of the duodenum may be an incidental finding, parasitic, inflammatory bowel disease, dietary hypersensitivity, and lymphangectasia needs to be considered.

REFERRING VET

Dr Beth Marszewski

Further assessment would be fecal analysis, FNA cytology of the liver, and possible endoscopy of the upper GI tract with biopsies.

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Specific therapy would be dependent on an etiological diagnosis; however, cholecystectomy could be considered, which would also allow for wedge biopsy of the liver and a full thickness biopsy of the duodenum. Symptomatic management of the liver and gall bladder would be ursodiol.

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PATIENT IMAGES

Lily Carter **Duodenum**

SPECIES

Canine

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HOSPITAL NAME

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Veterinary Clinic

REFERRING VET

Dr Beth Marszewski

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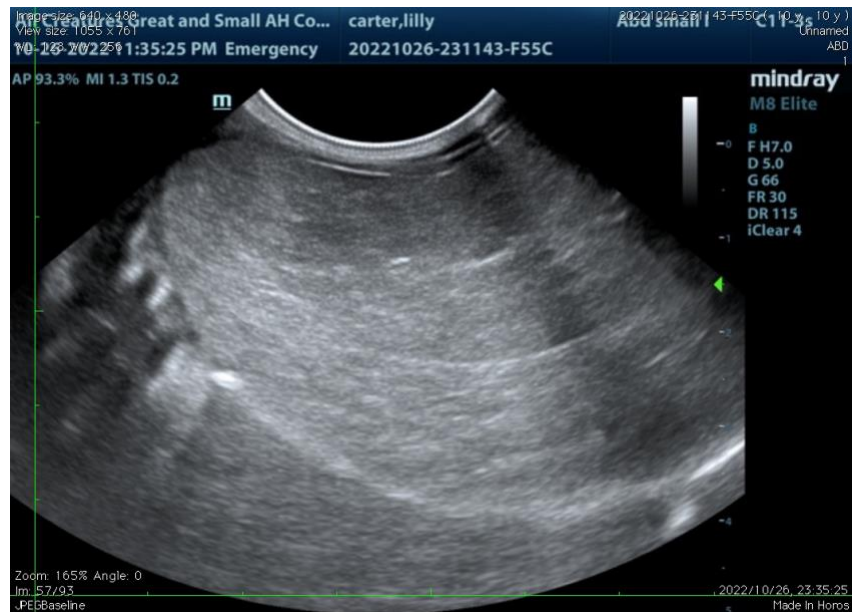
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Liver





PATIENT Gall bladder

Lily Carter

SPECIES

Canine

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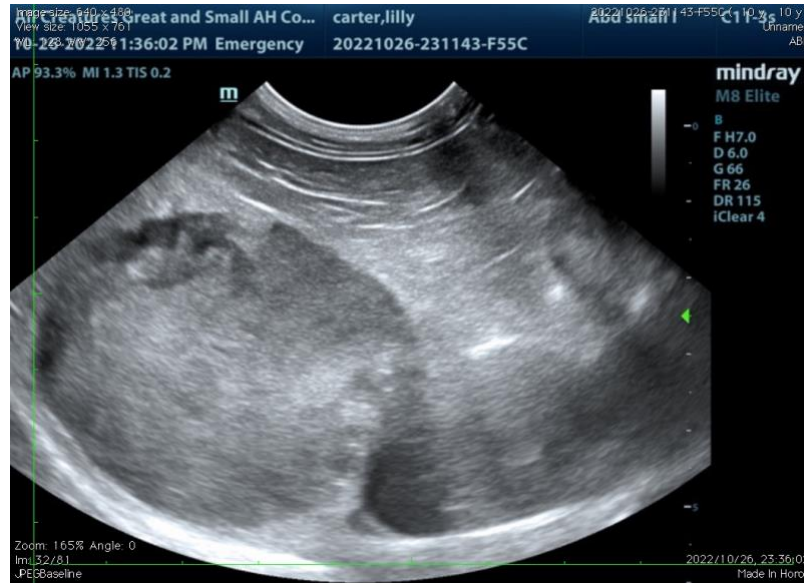
Jessica Bailes

HOSPITAL NAME

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Veterinary Clinic

REFERRING VET

Dr Beth Marszewski



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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)
rlobetti@mweb.co.za