



**PATIENT PRESENTING CLINICAL SIGNS**

Angus Desautels History: Elevated liver enzyme active, slow hair growth, increased appetite.

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

Canine Urinalysis: N/A.

CBC: N/A.

**BREED** Serum Biochemistry: Elevated ALP activity and cholesterol, mildly elevated globulins.

Labrador X Husky Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

MN **Urinary System**

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

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

**WEIGHT** Normal iliac lymph nodes. Ureters not visualized.

45 kg Small right kidney (5.8 cm), normal size of left (8.1 cm) both with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

**INTERPRETED BY** **Reproductive System**

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

**Adrenal Glands**

**IMAGING PERFORMED BY** Normal shape, echogenic appearance, position, and size. Left 0.52/0.63 cm, right 0.67/0.61 cm.

Dr Gira

**Spleen**

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

Resolution Veterinary  
Ultrasound

**REFERRING VET** **Liver**

Dr Gira – Sabadilla Animal  
Clinic Enlarged with rounded edges, diffuse mottled echogenic and nodular appearance, loss of portal markings, and regular curvilinear capsule. Nodules are parenchymal, hypoechoic, and of varying sizes. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct.

**INVOICE**

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**Gastrointestinal**

**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. Ingesta within the stomach, fecal material within the colon.

12/20/22

**PATIENT** *Pancreas*

Angus Desautels

Normal size (right 1.5 cm) 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**  
Normal size of portal vein and caudal vena cava.

Labrador X Husky

**ULTRASONOGRAPHIC FINDINGS****SEX** Primary Findings:**MN**

- Nodular hepatopathy.

**Age** Secondary Findings:11 years 

- Age-related renal changes.

**WEIGHT**

45 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the hepatopathy would be reactive, metabolic, nodular hyperplasia, chronic hepatitis, copper/iron hepatitis, granulomatous disease, and infiltrative neoplasia.

Although the adrenal glands appear ultrasonographically normal, with the presenting signs and elevated ALP activity and cholesterol, Cushing's disease needs to be considered.

Further assessment would be FNA cytology of the liver; however, Tru-Cut/wedge biopsy may be required for a final etiological diagnosis, and adrenal function testing (ACTH stimulation/LDDS test).

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

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Gira

**HOSPITAL NAME**

Resolution Veterinary  
Ultrasound

**REFERRING VET**

Dr Gira – Sabadilla Animal  
Clinic

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**DATE**

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**PATIENT**

Angus Desautels

**SPECIES**

Canine

**BREED**

Labrador X Husky

**SEX**

MN

**Age**

11 years

**WEIGHT**

45 kg

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 MMedVet (Med), PhD, Dipl.  
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**IMAGING PERFORMED BY**

Dr Gira

**HOSPITAL NAME**

Resolution Veterinary  
 Ultrasound

**REFERRING VET**

Dr Gira – Sabadilla Animal  
 Clinic

**INVOICE**

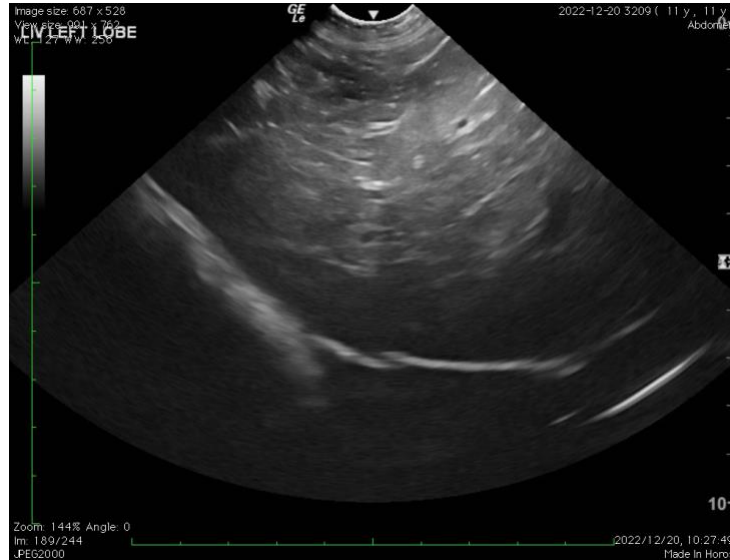
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**IMAGES**

**Liver**



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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