

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Beejo Mehany History: Renal disease, elevated liver enzyme activity.

SPECIES Physical Examination: N/A.

Canine Urinalysis: SG 1.016, 2+ blood.

CBC: N/A.

BREED Serum Biochemistry: Azotemia, elevated ALT and ALP activity, mild hypercalcemia.

Shih Tzu Radiographic Findings: N/A.

SEX

MN

AGE

14 years

WEIGHT

18.5 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Denise Bruno LVT, RDMS

HOSPITAL NAME

Ideal Pet Vet Clinic

REFERRING VET

Dr Kolta

INVOICE

303704

DATE

12/28/22

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 (0.4 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.1 cm, right 4.5 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal blood flow, pelvis, and capsule. Bilateral cortical infarcts.

Reproductive System

Small hypoechogenic prostate (0.9 cm) with foci of parenchymal mineralization.

Adrenal Glands

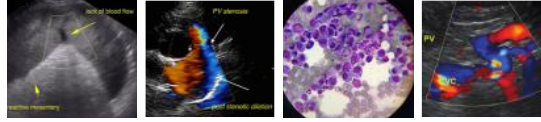
Normal shape, echogenic appearance, position, and size. Left 1.95 x 0.69/0.75 cm, right 1.89 x 0.63/0.75 cm. Bilateral hyperechogenic parenchymal nodules in the cranial poles – left 0.7 x 1 cm, right 0.7 x 0.9 cm.

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. Incidental myelolipoma

Liver

Enlarged with rounded edges, increased echogenic appearance, some loss of portal markings, and regular curvilinear capsule. Two irregular hyperechogenic parenchymal masses, one in the medial lobe (4.7 cm) and the other one in the left lobe. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct.



PATIENT *Gastrointestinal*

Beejo Mehany Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristalsis, and no distension of the lumen.

SPECIES *Pancreas*

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

BREED *Free Abdomen*

Shih Tzu No mesenteric lymphadenomegaly.
No ascites.

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ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Hepatopathy.
- Hepatic masses.
- Adrenal nodules.
- Renal disease.

Secondary findings:

- Gall bladder sediment.
- Prostatic mineralization.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be secondary to the masses, reactive, metabolic, nodular hyperplasia, chronic hepatitis, and neoplasia.

Etiologies for the hepatic masses would be nodular hyperplasia, granulomas, organized hematomas, organized abscesses, and neoplasia.

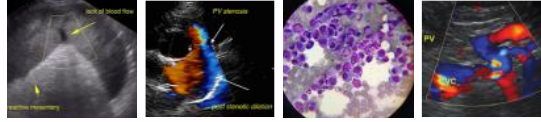
The appearance of the kidneys is consistent with chronic kidney disease.

Although the adrenal nodules may be incidental non-functional adenomas, functional adenomas and emerging carcinomas needs to be considered.

Although the prostatic mineralization may be an incidental finding, emerging neoplasia needs to be considered.

Further assessment would be FNA cytology of the liver and hepatic masses and adrenal function testing (ACTH stimulation/LDDS test) if there are compatible clinical signs of Cushing's disease.

Specific therapy would be dependent on an etiological diagnosis.



PATIENT IMAGES

Beejo Mehany **Liver**

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Canine

BREED

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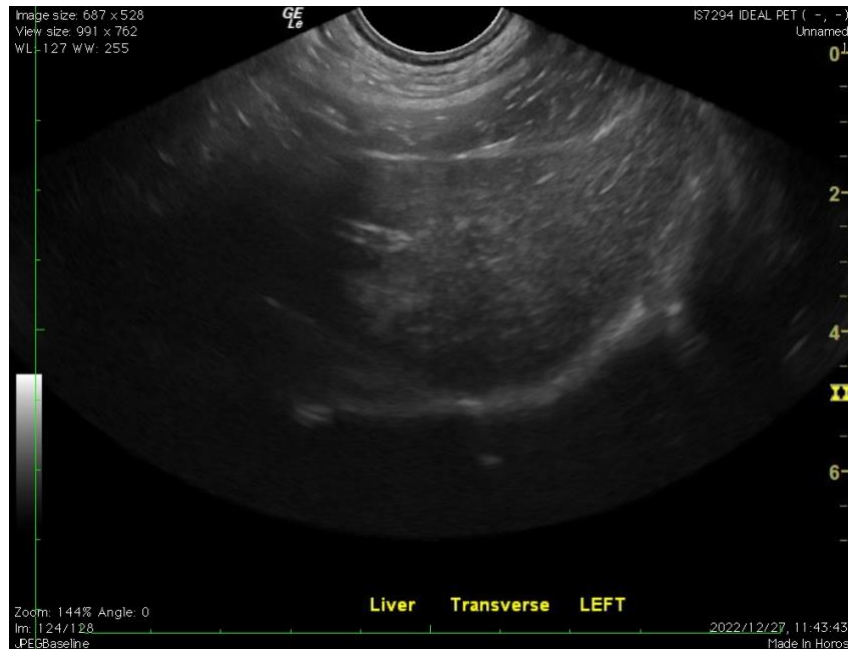
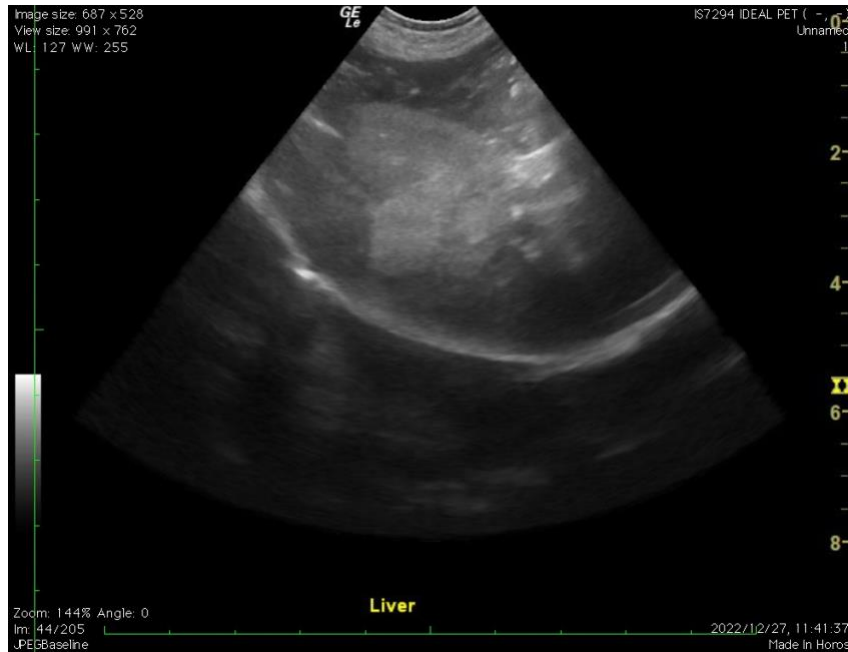
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PATIENT Left adrenal

Beejo Mehany

SPECIES

Canine

BREED

Shih Tzu

SEX

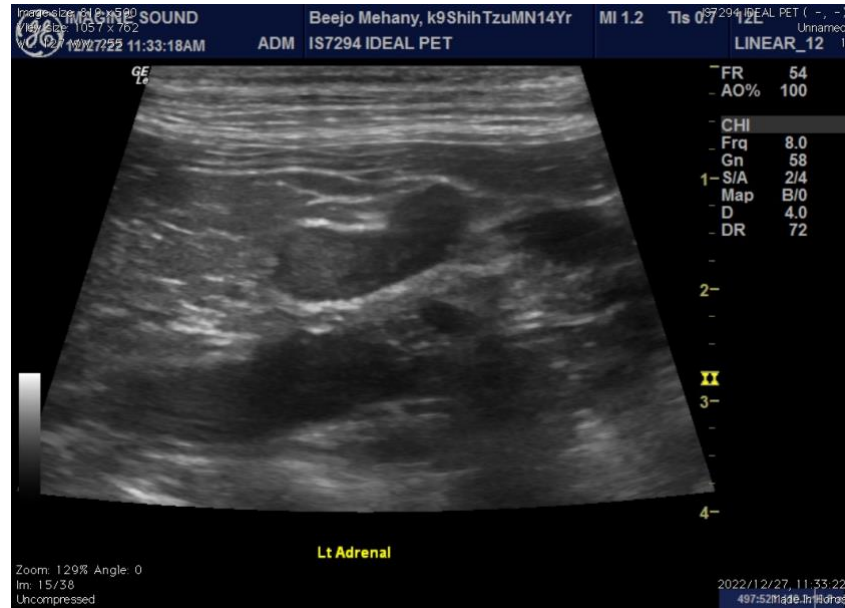
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Right adrenal

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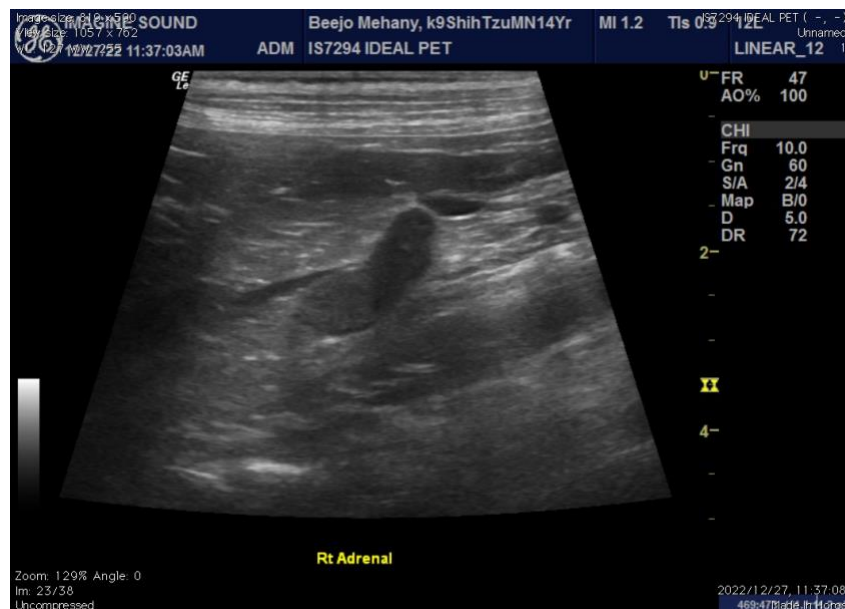
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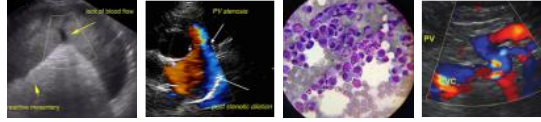
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PATIENT Prostate

Beejo Mehany

SPECIES

Canine

BREED

Shih Tzu

SEX

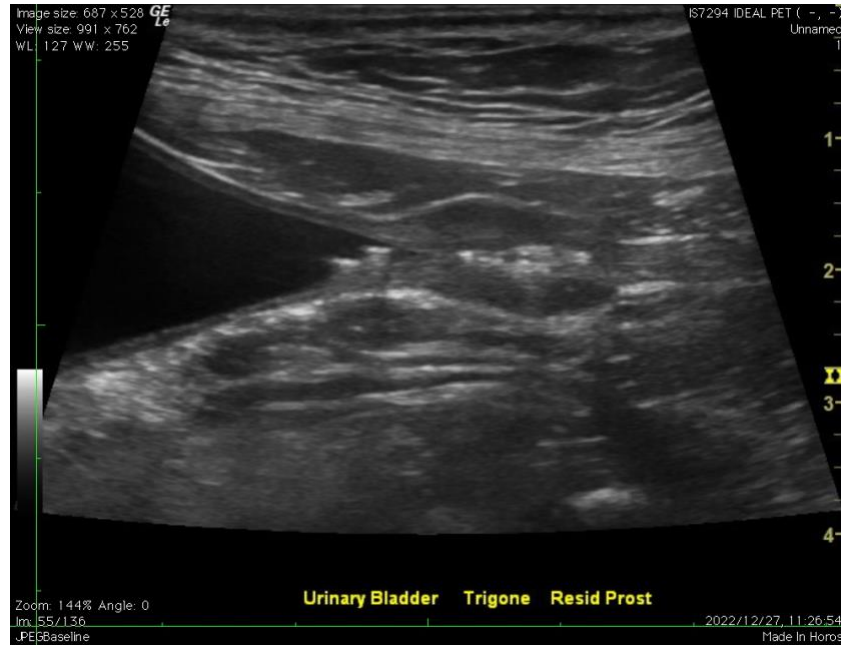
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Denise Bruno LVT, RDMS

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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