

**PATIENT PRESENTING CLINICAL SIGNS**

**Lucky Hurley** History: Chronic hepatopathy with previous ultrasound and FNA/biopsy inconclusive. Anorexia and lethargy. On Cerenia, gabapentin, and lactulose.

**SPECIES**

Physical Examination: N/A.

Canine

Urinalysis: N/A.

**BREED**

CBC: N/A.

Maltese Mix

Serum Biochemistry: Elevated ALT activity.

**SEX**

Previous radiographic Findings: Possible cranial abdominal mass, normal thorax.

MN

**AGE**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

13 years

**Urinary System**

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

**WEIGHT**

9.5 #

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

Normal iliac lymph nodes. Ureters not visualized.

**INTERPRETED BY**

Small kidneys (left 2.4 cm, right 2.5 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, and normal blood flow, capsule, and pelvis.

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

**Reproductive System**

**IMAGING PERFORMED BY**

N/A.

Sara Hansen

**Adrenal Glands**

**HOSPITAL NAME**

Normal shape, echogenic appearance, size, and position. Left 1.28 x 0.53/0.39 cm.

VCA Salem Animal Hospital

**Spleen**

**REFERRING VET**

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Dr Allen

**Liver**

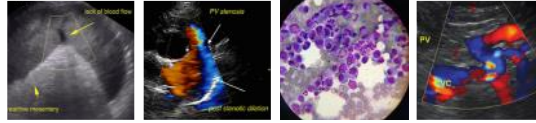
**INVOICE**

Enlarged with a mottled echogenic and nodular appearance, loss of portal markings, and irregular. Capsule. No masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct.

303843

**DATE**

2/1/23



**PATIENT**

Lucky Hurley

**SPECIES**

Canine

**BREED**

Maltese Mix

**SEX**

MN

**AGE**

13 years

**WEIGHT**

9.5 #

**INTERPRETED BY**

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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.

***Pancreas***

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

***Free Abdomen***

No mesenteric lymphadenomegaly.  
No ascites.

***Thorax***

Normal appearance of the heart.  
No pericardial or pericardial effusion evident.

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Nodular hepatopathy.
- Renal disease.

Secondary Findings:

- Urinary bladder sediment.

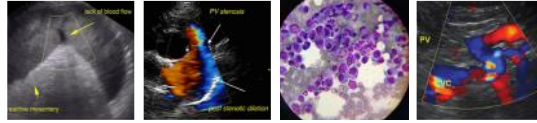
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the hepatopathy would be nodular regeneration, cirrhosis, chronic hepatitis, granulomatous disease, and neoplasia.

The appearance of the kidneys is typical for chronic kidney disease and may be contributing to the clinical signs. As gabapentin is renally excreted, the dose and/or interval may need to be adjusted.

Further assessment would be urinalysis, renal function (urea, creatinine, SDMA), and liver biopsy – Tru-Cut or wedge biopsy.

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



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**IMAGES**

**Liver**



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ECVIM

**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.**

**IMAGING PERFORMED BY**

Sara Hansen

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.

**HOSPITAL NAME**

**Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)**  
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VCA Salem Animal Hospital

**REFERRING VET**

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