


**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Fudge Chukkapalli

**SPECIES**  
Canine

**BREED**  
Corgi

History: Asymptomatic. Elevated liver enzyme activity on pre-anesthetic bloods for dental.

Physical Examination: N/A.

Urinalysis: SG 1.017, 2+ bilirubin, occasional bacilli.

CBC: N/A.

Serum Biochemistry: Elevated ALP, ALT, and GGT activity and bilirubin (mild).

Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**MN *Urinary System***

**Age**  
11 years

Small urinary bladder with a thickened and irregular appearance of the apical wall with a normal thickness and appearance of the rest of the wall. Small amount of dependent hyperechogenic sediment present. No uroliths evident.

**WEIGHT**  
41 #

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

Normal iliac lymph nodes. Ureters not visualized.

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

Normal renal size, echogenic appearance, cortico-medullary differentiation, pelvis, and capsule. Small non-obstructive nephroliths evident in both kidneys.

***Reproductive System***

Small hypoechogenic prostate.

**IMAGING PERFORMED BY *Adrenal Glands***

Dr Reyes

Normal position, echogenic appearance, shape, and size.

**HOSPITAL NAME *Spleen***

Mobile Vet Ultrasound

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 Santiago

***Liver***

**INVOICE**  
303907

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

**DATE *Gastrointestinal***

2/17/23

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.


**PATIENT** *Pancreas*

Fudge Chukkapalli

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

**SPECIES** *Free Abdomen*

Canine

Normal mesenteric lymph nodes.  
No ascites.

**BREED**

Corgi

**ULTRASONOGRAPHIC FINDINGS**
**SEX**

Primary Findings:

MN

- Hepatopathy.
- Cystitis.

**Age**

11 years

Secondary Findings:

- Gall bladder sediment.

**WEIGHT**

41 #

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
**INTERPRETED BY**

Etiologies for the liver would be reactive, hyperplasia, metabolic, vacuolar, early nodular hyperplasia, early cirrhosis, and chronic hepatitis, with infiltrative neoplasia, a less likely differential diagnosis.

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

Although the appearance of the urinary bladder is consistent with cystitis (bacterial, sterile), emerging neoplasia needs to be considered.

**IMAGING PERFORMED BY**

Dr Reyes

Further assessment would be urine culture, BRAF assay, and FNA cytology of the liver. A Tru-Cut/wedge biopsy of the liver may, however, be required for a final etiological diagnosis.

**HOSPITAL NAME**

Mobile Vet Ultrasound

Specific therapy would be dependent on an etiological diagnosis. As dental disease can cause a reactive hepatopathy, dental therapy should be considered. Symptomatic management of the liver and gall bladder sediment would be ursodiol.

**REFERRING VET**

Dr Santiago

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**PATIENT**

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**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Reyes

**HOSPITAL NAME**

Mobile Vet Ultrasound

**REFERRING VET**

Dr Santiago

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**IMAGES**

**Liver**



**Urinary bladder**



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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