



**PATIENT PRESENTING CLINICAL SIGNS**

**Lily Carter**  
History: PuPd, distended abdomen. Previously diagnosed with mucocele and cholecystectomy performed 11/7/22 with liver biopsy showing vacuolar hepatopathy. After surgery good improvement in liver enzyme activity.

**SPECIES**

Canine

Physical Examination: Weight gain, possible abdominal pain.

**BREED**

Miniature Schnauzer

Urinalysis: SG 1.013.

CBC: Thrombocytosis.

**SEX**

FS

Serum Biochemistry: Elevated liver enzyme activity, cholesterol, and triglycerides. LDDS test pending.

Radiographic Findings: N/A.

**AGE**

10 years

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**WEIGHT**

14.7 #

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.

**INTERPRETED BY**

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

Normal renal size (left 4.4 cm, right 4.9 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**IMAGING PERFORMED BY**

Jessica Bailes

**Reproductive System**

N/A.

**HOSPITAL NAME**

All Creatures Great & Small  
Veterinary Clinic

**Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Left 1.3 x 0.34/0.31 cm, right 2.05 x 0.5/0.36 cm.

**REFERRING VET**

Dr Brent Sadahiro

**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.

**INVOICE**

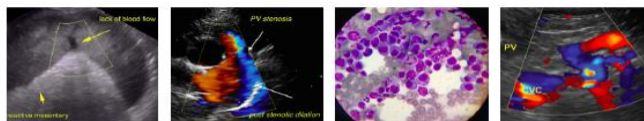
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**Liver**

**DATE**

2/2/23

Enlarged with rounded edges, increased echogenic appearance, some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. No gall bladder (previous cholecystectomy).



**PATIENT** *Gastrointestinal*

Lily Carter Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen. Thickening of the duodenum (0.59 cm) with mild mucosal stippling and segmental thickening of the small intestine (up to 0.55 cm) both with 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**

Primary Findings:

**WEIGHT**

14.7 #

- Hepatopathy.
- Enteropathy.

Secondary Findings:

- None.

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ECVIM

**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**

Etiologies for the enteropathy would be parasitic enteritis, inflammatory bowel disease, dietary hypersensitivity, and lymphangectasia.

The appearance of the liver and small intestine is similar to that evident on the previous ultrasound.

Although the adrenal glands appear normal, a diagnosis of Cushing's disease needs to be based on the pending LDDS test results.

**REFERRING VET**

Dr Brent Sadahiro

Further assessment would be fecal analysis, cobalamin assay, and endoscopy of the upper GI tract with biopsies.

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic management of the liver would be ursodiol and for the enteropathy, feeding novel protein/hypoallergenic diet, cobalamin supplementation, and a course of fenbendazole.

**DATE**

2/2/23



**PATIENT IMAGES**

Lily Carter **Duodenum**

**SPECIES** 10/26/22

2/2/23

Canine

**BREED**

Miniature Schnauzer

**SEX**

FS

**AGE**

10 years

**WEIGHT**

14.7 #

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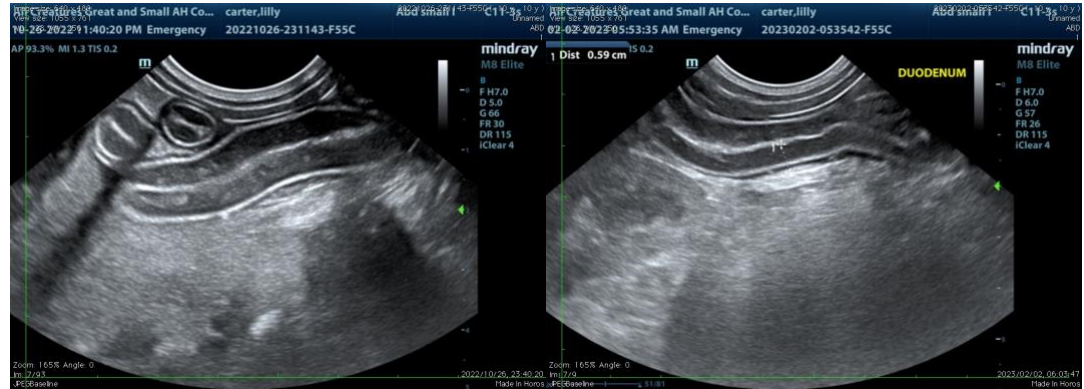
Jessica Bailes

**HOSPITAL NAME**

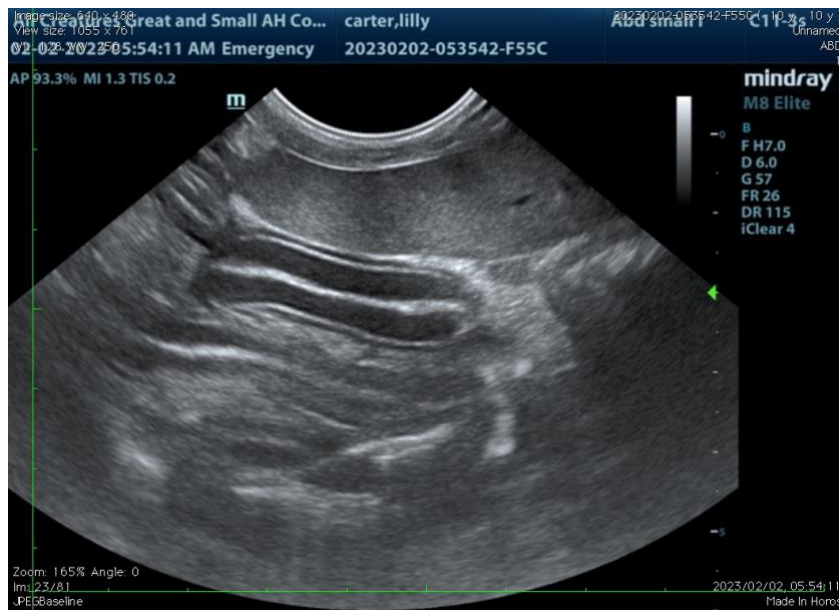
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**REFERRING VET**

Dr Brent Sadahiro



**Small intestine**



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**DATE**

2/2/23



**PATIENT** Liver

Lily Carter **10/26/22**

**2/2/23**

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**SEX**

FS

**AGE**

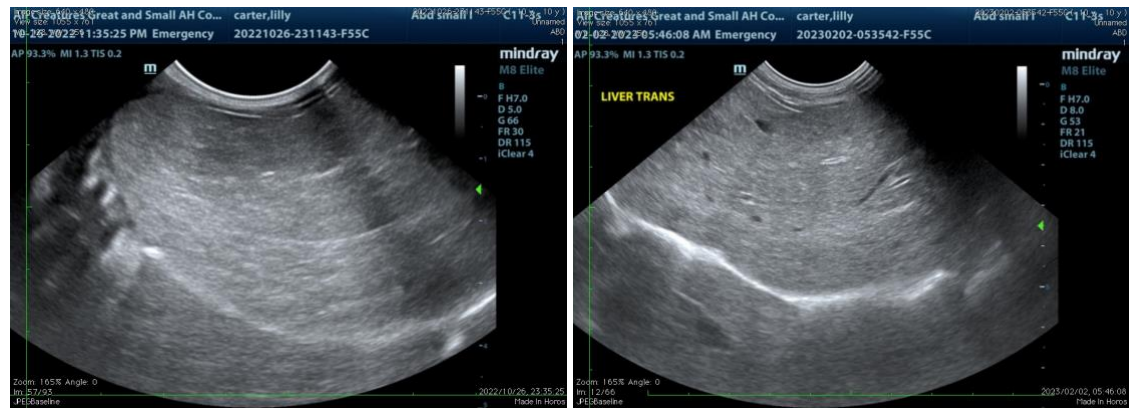
10 years

**WEIGHT**

14.7 #

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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.

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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Jessica Bailes

**HOSPITAL NAME**

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Veterinary Clinic

**REFERRING VET**

Dr Brent Sadahiro

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