



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
CeeCee Cunningham	History: Asymptomatic elevation in liver enzyme activity.
<b>SPECIES</b>	Physical Examination: Grade II/VI heart murmur.
Canine	Urinalysis: N/A.
<b>BREED</b>	CBC: Reticulocytosis.
Shih Tzu	Serum Biochemistry: Mildly elevated ALT activity, markedly elevated ALP activity.
	Radiographic Findings: N/A.
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
FS	<b>Urinary System</b>
<b>AGE</b>	Full urinary bladder with a normal thickness and appearance of the wall. Moderate amount of floating hyperechogenic sediment present. No uroliths evident.
9 years	Normal trigone area, proximal urethra, and iliac blood vessels.
<b>WEIGHT</b>	Normal iliac lymph nodes. Ureters not visualized.
7 kg	Normal renal size (left 4.8 cm, right 5.1 cm) with a hyperechogenic appearance, loss of cortico-medullary differentiation, and normal capsule. Bilateral pyelectasia, right worse than the left.
<b>INTERPRETED BY</b>	<b>Reproductive System</b>
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM	N/A.
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b>
Dr Goeres	Normal position, shape, echogenic, and size. Left 0.45 cm, right 0.48 cm.
<b>HOSPITAL NAME</b>	<b>Spleen</b>
Kelowna Veterinary Hospital	Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.
<b>REFERRING VET</b>	<b>Liver</b>
Dr Chahal	Normal size with increased echogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing moderate amount of hyperechogenic sediment. Normal appearance and thickness of the gall bladder wall. Normal bile duct.
<b>INVOICE</b>	<b>Gastrointestinal</b>
303916	Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.44 cm) and peristaltic activity, and no distension of the lumen.
<b>DATE</b>	
2/21/23	



**PATIENT** *Pancreas*

CeeCee Cunningham

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

**SPECIES**

*Free Abdomen*

Canine

No mesenteric lymphadenomegaly.  
No ascites evident.

**BREED**

Shih Tzu

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Primary Findings:

FS

- Hepatopathy.
- Gall bladder sediment.
- Renal disease?

**AGE**

9 years

Secondary Findings:

**WEIGHT**

7 kg

- Urinary bladder sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Etiologies for the hepatopathy would be reactive, hyperplasia, vacuolar, chronic hepatitis, and infiltrative neoplasia.

Etiologies for the renal changes would be age-related, early chronic kidney disease, pyelonephritis, and bacterial nephritis.

**IMAGING PERFORMED BY**

Dr Goeres

Although the gall bladder is most likely an incidental finding monitoring for the development of a mucocele would be recommended.

Further assessment would be urinalysis, urine culture, UPC (if culture and sediment negative) and FNA cytology of the liver.

**HOSPITAL NAME**

Kelowna Veterinary  
Hospital

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management of the liver and gall bladder would be ursodiol.

**REFERRING VET**

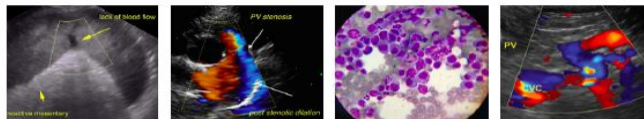
Dr Chahal

**INVOICE**

303916

**DATE**

2/21/23



**PATIENT**

**IMAGES**

CeeCee Cunningham

**Liver**

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

FS

**AGE**

9 years

**WEIGHT**

7 kg



**INTERPRETED BY**

**Gall bladder**

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Dipl. ECVIM

**IMAGING PERFORMED BY**

Dr Goeres

**HOSPITAL NAME**

Kelowna Veterinary  
Hospital

**REFERRING VET**

Dr Chahal

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**PATIENT**

**Right kidney**

CeeCee Cunningham

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

FS

**AGE**

9 years

**WEIGHT**

7 kg



**INTERPRETED BY**

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

Dr Goeres

**HOSPITAL NAME**

Kelowna Veterinary  
Hospital

**REFERRING VET**

Dr Chahal

**INVOICE**

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