



**PATIENT PRESENTING CLINICAL SIGNS**

Shortbread Sloman

History: Seizures.

**SPECIES**

Physical Examination: N/A.

Canine

Urinalysis: Ammonium biurate crystalluria.

**BREED**

CBC: Normal.

Australian Shepherd

Serum Biochemistry: Elevated pre-and post-prandial bile acids, rest normal.

Radiographic Findings: N/A.

**SEX**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

FS

**Urinary System**

**AGE**

Full urinary bladder with a normal thickness and appearance of the wall. Large amount of floating and dependent hyperechogenic sediment present. No uroliths evident.

3 years

**WEIGHT**

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

18 kg

Normal iliac lymph nodes. Ureters not visualized.

**INTERPRETED BY**

Renomegaly (left 6.5 cm, right 6.7 cm) with normal echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

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

**Reproductive System**

N/A.

**IMAGING PERFORMED BY**

**Adrenal Glands**

Normal position, shape, echogenic, and size.

Dr Goeres

**Spleen**

**HOSPITAL NAME**

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Kelowna Veterinary  
Hospital

**REFERRING VET**

**Liver**

Dr Chahal

Small 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.

**INVOICE**

**Gastrointestinal**

303948

**DATE**

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.

2/28/23



**PATIENT** *Pancreas*

Shortbread Sloman 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**

Australian Shepherd

**ULTRASONOGRAPHIC FINDINGS**

**SEX** Primary Findings:

- FS Micro-hepatitis.
- Renomegaly.
- Urinary bladder sediment.

**AGE**

3 years

Secondary Findings:

- Gall bladder sediment.

**WEIGHT**

18 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

With the history, elevated bile acids, ammonium biurate crystalluria, micro-hepatitis, and renomegaly likely etiologies would be porto-systemic shunt, primary portal vein hypoplasia, and congenital fibrosis; with previous acute hepatitis, a less likely differential diagnosis.

Further assessment would be color-flow doppler shunt hunt and a CT angiogram; and if negative for a shunt then biopsy of the liver.

**IMAGING PERFORMED BY**

Dr Goeres

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be feeding a liver diet and oral lactulose. The current recommendation is that oral antibiotics are not indicated.

**HOSPITAL NAME**

Kelowna Veterinary  
Hospital

**REFERRING VET**

Dr Chahal

**INVOICE**

303948

**DATE**

2/28/23



**PATIENT**

Shortbread Sloman

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

FS

**AGE**

3 years

**WEIGHT**

18 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Goeres

**HOSPITAL NAME**

Kelowna Veterinary Hospital

**REFERRING VET**

Dr Chahal

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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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