



**PATIENT PRESENTING CLINICAL SIGNS**

Wendy Clement History: Progressive abdominal distension – fluid drained (transudate). On SAME and hepatic diet.

**SPECIES** Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: Normal.

**BREED** Serum Biochemistry: Hypoproteinemia, hypocholesterolemia, hypophosphatemia and hypocalcemia. Elevated GGT activity and bilirubin.

Chihuahua

Radiographic Findings: Ascites.

**SEX**

FS

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE** *Urinary System*

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

**WEIGHT**

6.4 kg

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 3.8 cm, right 4 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

*Reproductive System*

N/A.

**IMAGING PERFORMED BY**

Dr Goeres

*Adrenal Glands*

Normal position, shape, echogenic, and size. Left 0.55 cm.

**HOSPITAL NAME**

Kelowna Veterinary  
Hospital

*Spleen*

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

**REFERRING VET**

Dr Chalifour

*Liver*

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

**INVOICE**

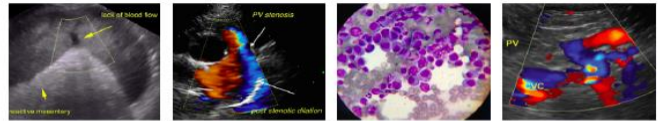
304006

*Gastrointestinal*

**DATE**

3/13/23

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.47 cm, jejunum 0.53 cm) and peristaltic activity, and no distension of the lumen.



**PATIENT** *Pancreas*

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

**SPECIES** *Free Abdomen*

Canine No mesenteric lymphadenomegaly.  
Large amount of acellular ascites present.

**BREED**

Chihuahua

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

FS

Primary Findings:

- Micro-hepatica.
- Ascites.

**AGE**

8 years

Secondary Findings:

- Gall bladder sediment.

**WEIGHT**

6.4 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Etiologies for the liver would be end-stage chronic hepatitis, cirrhosis, congenital anomaly (portal systemic shunt, primary portal vein hypoplasia, congenital fibrosis).

The ascites is secondary to the liver pathology – hypoalbuminemia and portal hypertension.

Specific diagnosis would require contrast angiogram and Tru-Cut/wedge biopsy of the liver, which most likely will not change the management.

**IMAGING PERFORMED BY**

Dr Goeres

Management would be to continue with the SAME and to add ursodiol and spironolactone. If the patient is not showing signs of hepatic encephalopathy then increasing the protein content of the diet (eggs, cottage cheese) would be indicated.

**HOSPITAL NAME**

Kelowna Veterinary  
Hospital

**REFERRING VET**

Dr Chalifour

**INVOICE**

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**PATIENT IMAGES**

Wendy Clement **Liver**

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

FS

**AGE**

8 years

**WEIGHT**

6.4 kg



**Liver/gall bladder**

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Goeres

**HOSPITAL NAME**

Kelowna Veterinary Hospital

**REFERRING VET**

Dr Chalifour



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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)**  
Remo.lobetti@sonopath.com