



**PATIENT PRESENTING CLINICAL SIGNS**

Lolita Laos History: Recent cystotomy. Post op ultrasound showed obstructive urethrolith.

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

Canine Urinalysis: N/A.

CBC: N/A.

**BREED** Serum Biochemistry: N/A.

Chihuahua Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

FS **Urinary System**

**Age** Small urinary bladder with a thickened and irregular appearance of the wall. Normal appearance of the cystotomy site. Moderate amount of hyperechogenic sediment present. No uroliths evident. Urinary catheter present at the trigone. Small amount of fluid and air in the region of the bladder. Hyperechogenic appearance of the mesentery in the caudal abdomen.

**WEIGHT** Dilated proximal urethra with urethrolith (1 .1 cm) and mineralized material present.

Normal trigone area and iliac blood vessels.

**INTERPRETED BY** Normal iliac lymph nodes (0.8 cm). Dilated ureters (left 0.3 cm right 0.2 cm).

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM Normal renal size (left 4.6 cm, right 4.8 cm), echogenic appearance, cortico-medullary differentiation, and capsule. Bilateral pyelectasia (left 1.1 cm, right 0.5 cm).

**IMAGING PERFORMED BY Reproductive System**

Sonya Myers, DVM N/A.

**HOSPITAL NAME Adrenal Glands**

Oviedo Veterinary Care and Emergency Normal position, echogenic appearance rounded shape, and enlarged. Left 0.96/1.2 cm, right 0.68/0.74 cm.

**REFERRING VET Spleen**

Dr Caja Normal size (0.8 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes evident.

**INVOICE Liver**

304021 Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident.

**DATE Gall bladder**

3/16/23 Full containing normal anechoic bile. Normal thickness and appearance of the wall. Normal bile duct (0.2 cm).



**PATIENT** *Gastrointestinal*

Lolita Laos Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.26 cm, duodenum 0.3 cm, jejunum 0.17 cm) and peristaltic activity, and no distension of the lumen.

**SPECIES**

Canine

*Pancreas*

Enlarged (left 1.1 cm, right 0.9 cm) with a diffuse hypoechoic appearance and irregular capsule. Hyperechoic appearance of the mesentery and fat surrounding the pancreas.

**BREED**

Chihuahua

*Free Abdomen*

**SEX**

Normal mesenteric lymph nodes (1.2 cm).  
No ascites evident.

FS

**Age**

9 years

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Urethrolith.
- Obstructive uropathy.
- Cystitis.
- Pancreatitis.
- Bilateral adrenomegaly.

**WEIGHT**

**INTERPRETED BY**

Secondary Findings:

- None.

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ECVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

The pyelectasia and dilated ureters is consistent with an obstructive uropathy secondary to the urethrolith.

Sonya Myers, DVM

**HOSPITAL NAME**

Etiologies for the cystitis would be secondary to the uroliths, recent cystotomy, and bacterial infection.

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**REFERRING VET**

The fluid and air around the urinary bladder and the appearance of the caudal mesentery can be ascribed to the recent surgery.

Dr Caja

The recent surgery may have been the trigger for the pancreatitis.

Etiologies for the adrenomegaly would be disease stress and pituitary-dependent Cushing's disease.

**INVOICE**

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Further assessment would be urine culture and retro-hydropulsion of the urethrolith with removal via cystotomy. Adrenal function testing can be considered if there are compatible clinical and biochemical signs of Cushing's disease and once the uroliths and pancreatitis has been resolved.

**DATE**

3/16/23

Management of the pancreatitis would be fluid therapy, correction of electrolyte anomalies (as needed), anti-emetics, opioid analgesics, and low-fat intestinal diet. Short course of prednisolone (½ mg/kg SID for 3-5 days) can be considered as it has been shown to improve the recovery period in dogs with pancreatitis.



**PATIENT IMAGES**

Lolita Laos **Urinary bladder**

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

FS

**Age**

9 years

**WEIGHT**



**Urethra**

**INTERPRETED BY**

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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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**REFERRING VET**

Dr Caja

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**PATIENT** Right kidney/ureter

Lolita Laos

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

FS

**Age**

9 years

**WEIGHT**



**Pancreas**

**INTERPRETED BY**

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**REFERRING VET**

Dr Caja



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**DATE**

3/16/23

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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