

**PATIENT**

Maggie Tyler

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

FS

**AGE**

10 years

**WEIGHT**

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Treasure Coast  
Animal Emergency

**REFERRING VET**

Dr Cail

**INVOICE**

302830

**DATE**

3/22/22

**PRESENTING CLINICAL SIGNS**

History: GI disease with being bloated and lethargic few days ago. Treated symptomatically.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: Normal.

Serum Biochemistry: Mildly elevated ALT activity, normal cPL.

Radiographic Findings: Possible foreign material in the pylorus.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels.

Normal iliac lymph nodes (0.82 cm). Ureters not visualized.

Normal renal size (left 4.2 cm, right 4.6 cm) with increased appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Bilateral pinpoint mineralization.

**Reproductive System**

N/A.

**Adrenal Glands**

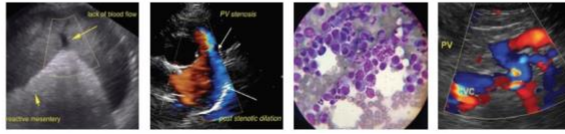
Normal shape, echogenic appearance, size, and position. Left 0.56/0.51 cm, right 0.55 cm.

**Spleen**

Normal size with a diffuse mottled echogenic appearance. Focal hyperechogenic parenchymal nodule (0.7 cm). Smooth curvi-linear capsule, and normal vasculature.

**Liver**

Normal size with a diffuse coarse echogenic appearance, and some loss of portal markings. Small hyperechogenic parenchymal nodule (1 cm) in the left lobe. No masses evident. Full gall bladder containing small amount of adherent hyperechogenic sediment. Normal thickness (0.26 cm) and echogenic appearance of the gall bladder wall and the presence of peripheral edema. Normal bile duct (0.2 cm).



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**Gastrointestinal**

Normal appearance of the gastro-esophageal junction, stomach, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (stomach 0.38 cm, duodenum 0.38 cm, jejunum 0.33 cm) and peristalsis, and no distension of the lumen. Thickening of the colon (0.39 cm) but with no loss of layering or distension of the lumen.

**Pancreas**

Normal size (right 1.2 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

No mesenteric lymphadenomegaly.  
Small amount of ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Edematous gall bladder wall/gall bladder sediment.
- Splenic pathology with focal nodule.
- Hepatopathy with focal nodule.
- Colitis.

Secondary findings:

- Age-related renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the gall bladder would cholecystitis, congestion, and anaphylactic reaction.

Etiologies for the spleen would be reactive, hyperplasia, splenitis, abscessation, granulomatous disease, and neoplasia.

Etiologies for the hepatopathy would be reactive, vacuolar, metabolic, chronic hepatitis, early nodular regeneration, and infiltrative neoplasia.

Etiologies for the colitis would be helminths, ulcerative disease, granulomatous disease, inflammatory bowel disease, dietary hypersensitivity, and emerging neoplasia.

Further assessment would be fecal analyses, thoracic radiographs, FNA cytology of the spleen and liver, lymph nodes, and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

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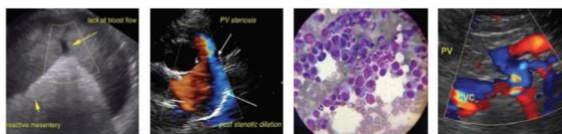
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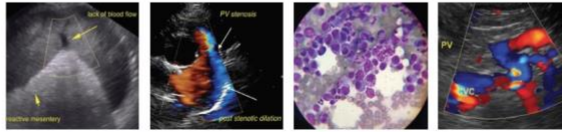
**IMAGES**

**Spleen**



**Liver**





**Gall bladder**

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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)  
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