


**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Shyla Glassburn History: Transfer for melena and possible gallbladder issues. Previous history of a heart murmur with pulmonary crackles auscultated by rDVM.

**SPECIES** Physical Examination: N/A

Canine Urinalysis: N/A.

**BREED** CBC: N/A.

Yorkshire terrier Serum Biochemistry: N/A.

Radiographic Findings: N/A.

**SEX**

FS

**Age**

16 years

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**Urinary System**

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

**WEIGHT**

2 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 kg, right 3.3 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, pyelectasia, and irregular capsule.

**Reproductive System**

N/A.

**IMAGING PERFORMED BY**

Dr Kuzimski

**Adrenal Glands**

Normal position, echogenic appearance, shape, size.

**HOSPITAL NAME**
**Spleen**

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Deland

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

**REFERRING VET**

Dr Kuzimski

**Liver**

Enlarged with rounded edges, mottled echogenic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident.

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**Gall bladder**

Full containing large amount of adhered and non-adhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal bile duct.

**DATE**

4/13/23



**PATIENT** *Gastrointestinal*

Shyla Glassburn Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.45 cm, duodenum 0.25 cm) and peristalsis, and no distension of the lumen.

**SPECIES**

Canine *Pancreas*

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

**BREED**

Yorkshire terrier *Free Abdomen*

**SEX** No mesenteric lymphadenomegaly.  
No ascites evident.

FS

**Age**

**ULTRASONOGRAPHIC FINDINGS**

16 years Primary Findings:

**WEIGHT**

2 kg

- Hepatopathy.
- Renal disease.
- Emerging mucocele.

Secondary Findings:

- None.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Dr Kuzimski

Etiologies for the hepatopathy would be age-related changes, reactive, hyperplasia, vacuolar, and chronic hepatitis with infiltrative neoplasia, a less likely differential diagnosis.

**HOSPITAL NAME**

The appearance of the kidneys is typical for chronic kidney disease with bacterial nephritis and pyelonephritis either differential diagnoses or complicating factors.

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Deland

Initial further assessment would be urinalysis, urine culture, CBC, serum biochemistry, and thoracic radiographs.

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Dr Kuzimski

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be fluid therapy, gastric protectants (omeprazole, sucralfate), and ursodiol.

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**PATIENT**

Shyla Glassburn

**SPECIES**

Canine

**BREED**

Yorkshire terrier

**SEX**

FS

**Age**

16 years

**WEIGHT**

2 kg

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**IMAGING PERFORMED BY**

Dr Kuzimski

**HOSPITAL NAME**

Animal Emergency Hospital  
Deland

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Dr Kuzimski

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**DATE**

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**IMAGES**

**Liver**



**Gall bladder**





**PATIENT**

**Left kidney**

Shyla Glassburn

**SPECIES**

Canine

**BREED**

Yorkshire terrier

**SEX**

FS

**Age**

16 years

**WEIGHT**

2 kg

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**IMAGING PERFORMED BY**

Dr Kuzimski

**HOSPITAL NAME**

Animal Emergency Hospital  
 Deland

**REFERRING VET**

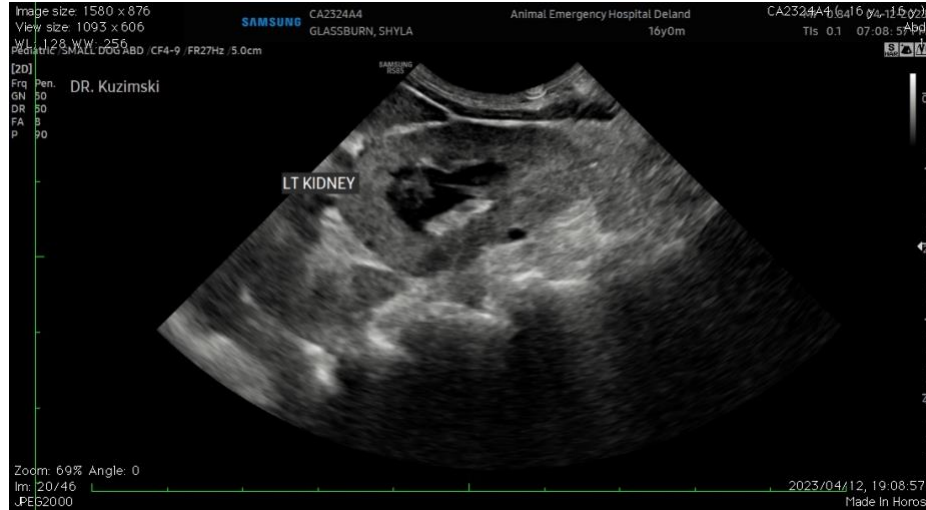
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**DATE**

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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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