



**PATIENT PRESENTING CLINICAL SIGNS**

Hank Lewan History: Elevated liver enzyme activity.

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

Canine Urinalysis: N/A.

CBC: N/A.

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

Golden Retriever Radiographic Findings: N/A.

**SEX**

MN

**AGE**

12 years

**WEIGHT**

77 #

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kim Liedberg

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

WVRC - Dr Steverson

**INVOICE**

302912

**DATE**

4/16/22

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with a thickened (0.73) and irregular appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

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

Normal iliac lymph nodules. Ureters not visualized.

Normal renal size (left 6.6 cm, right 6.9 cm), echogenic appearance, cortico-medullary differentiation, capsule, blood flow, and pelvis.

**Reproductive System**

Small hypoechogenic prostate (1.2 cm).

**Adrenal Glands**

Normal shape, echogenic appearance, and position, and size. Normal size of the left gland (0.68/0.6 cm). Enlarged right gland (1.06/0.74 cm).

**Spleen**

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**Liver**

Normal size with a diffuse mottled echogenic appearance, and some loss of portal markings. No nodules or masses evident. Full gall bladder containing large amount of dependent hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

**Gastrointestinal**

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.



**PATIENT** *Pancreas*

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

**SPECIES** *Free Abdomen*

Canine No mesenteric lymphadenomegaly.  
No ascites.

**BREED**

Golden Retriever

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Hepatopathy.
- Right adrenomegaly.
- Thickened urinary bladder wall.

**SEX**

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Secondary Findings:

- Gall bladder sediment.

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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MMedVet (Med), PhD,  
Dipl. ECVIM

Etiologies for the hepatopathy would be reactive, vacuolar, metabolic, chronic hepatitis, iron/copper hepatitis, early cirrhosis, and infiltrative neoplasia.

Although the right adrenomegaly may merely be an age-related change, emerging Cushing's disease needs to be considered.

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Kim Liedberg

The most likely etiology for the urinary bladder would be chronic cystitis with emerging neoplasia, a less likely differential diagnosis.

The gall bladder needs to be monitored for possible development of a mucocele.

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Further assessment would be urinalysis, urine culture, FNA cytology of the liver, and if there are compatible clinical signs and a low urine SG, then adrenal function testing (ACTH stimulation/LDDS test).

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy for both the liver and gall bladder would be ursodiol.

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**PATIENT IMAGES**

Hank Lewan **Liver**

**SPECIES**

Canine

**BREED**

Golden Retriever

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MN

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12 years

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**Gall bladder**



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**PATIENT**

**Right adrenal**

Hank Lewan

**SPECIES**

Canine

**BREED**

Golden Retriever

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**Urinary 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.

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