



**PATIENT PRESENTING CLINICAL SIGNS**

Cooper Mclay History: Pre-dental blood work. PuPd. History of mildly elevated ALT activity.

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

Canine Urinalysis: N/A.

CBC: N/A.

**BREED** Serum Biochemistry: Mildly elevated ALT and ALP activity and post prandial bile acids

Dachshund Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

MN **Urinary System**

**Age** Small urinary bladder with a thickened and irregular appearance of the apical wall with the rest of the wall having a normal thickness and appearance. Normal anechoic urine with no sediment or uroliths evident.

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

11 # Normal iliac lymph nodes (1.2 cm). Ureters not visualized.

**INTERPRETED BY** Normal renal size (left 4.5 cm, right 4.7 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Bilateral pinpoint mineralization.

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**Reproductive System**

Small hypoechogenic prostate (0.9 cm).

**IMAGING PERFORMED BY Adrenal Glands**

Sonya Myers, DVM Normal position with hypoechogenic appearance, rounded shape, and enlarged. Left 0.9/0.45 cm, right 0.9/0.69 cm.

**HOSPITAL NAME Spleen**

Banfield Oviedo Normal size (1.5 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No inflammatory, neoplastic, infarction, or infiltrative changes evident

**REFERRING VET Liver**

Dr Hinson

**INVOICE** Normal size with a diffuse hyperechogenic appearance, some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident.

304148

**DATE Gall bladder**

4/20/23 Full containing a moderate amount of adherent and non-adherent hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.3 cm).



**PATIENT** *Gastrointestinal*

Cooper Mclay Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.37 cm, duodenum 0.34 cm, jejunum 0.41 cm, colon 0.15 cm) and peristalsis, and no distension of the lumen.

**SPECIES**

Canine *Pancreas*

**BREED**

Dachshund Normal size (left 1 cm, right 1 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SEX**

Normal mesenteric lymph nodes (2.4 cm).  
No ascites evident.

**MN**

**Age**

11 years

**WEIGHT**

11 #

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Bilateral adenomegaly.
- Hepatopathy.
- Cystitis.

Secondary Findings:

- Gall bladder sediment.
- Age-related changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Sonya Myers, DVM

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

**HOSPITAL NAME**

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

Banfield Oviedo

**REFERRING VET**

Etiologies for the urinary bladder would be bacterial cystitis, sterile cystitis, and emerging neoplasia.

Dr Hinson

Although the gall bladder sediment is most likely an incidental finding, an emerging mucocele needs to be considered.

**INVOICE**

Further assessment would be urinalysis, urine culture, BRAF assay, adrenal function testing (ACTH stimulation/LDDS test), and possibly FNA cytology of the liver.

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

**DATE**

4/20/23



**PATIENT IMAGES**

Cooper Mclay

**Liver**

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

MN

**Age**

11 years

**WEIGHT**

11 #



**INTERPRETED BY**

**Gall bladder**

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**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Banfield Oviedo

**REFERRING VET**

Dr Hinson

**INVOICE**

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**DATE**

4/20/23





**PATIENT** Left adrenal

Cooper Mclay

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

MN

**Age**

11 years

**WEIGHT**

11 #



**Urinary bladder**

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**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Banfield Oviedo

**REFERRING VET**

Dr Hinson



**INVOICE**

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**DATE**

4/20/23

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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