



**PATIENT**

Sophie Coe

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

FS

**AGE**

9 years

**WEIGHT**

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Brent Crutchfield, DVM

**HOSPITAL NAME**

Treasure Coast Animal  
Emergency

**REFERRING VET**

Dr Cail

**INVOICE**

303106

**DATE**

7/7/22

**PRESENTING CLINICAL SIGNS**

History: Elevated ALT activity.

Physical Examination: N/A.

Urinalysis: N/A

CBC: N/A.

Serum Biochemistry: Elevated ALT activity.

Radiographic Findings: N/A.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Small urinary bladder with a normal thickness (0.2 cm) and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal proximal urethra and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.4 cm, right 3.3 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Left 0.54 cm, right 0.52 cm.

**Spleen**

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

**Liver**

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Thickened (0.2 cm) and hyperechogenic appearance of the gall bladder wall. Normal bile duct.



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***Gastrointestinal***

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.41 cm, duodenum 0.45 cm, jejunum 0.42 cm, colon 0.16 cm) and peristaltic activity, and no distension of the lumen. Small amount fluid within the stomach. Fecal material within the colon.

***Pancreas***

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

***Free Abdomen***

No mesenteric lymphadenomegaly.  
No ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Previous cholecystitis.

Secondary findings:

- None.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the gall bladder is typical for a previous episode of cholecystitis and should not account for the elevated ALT activity.

The elevated ALT activity would be indicative of a hepatopathy with possible etiologies being reactive, hyperplasia, vacuolar, metabolic, and acute hepatitis (viral, bacterial, trauma, toxins).

Further assessment that could be considered would be FNA cytology of the liver.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be ursodiol with monitoring of ALT activity.



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**IMAGES**

**Gall bladder**



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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