


**PATIENT PRESENTING CLINICAL SIGNS**

Bela Le Rodriguez History: Lethargy, shaking, tense abdomen, constipated. Previous gastritis.

**SPECIES** Physical Examination: Distended abdomen.

Canine Urinalysis: N/A.

CBC: N/A.

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

Shih Tzu Radiographic Findings: Cardiomegaly, hepatomegaly.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

FS **Urinary System**

**Age** Full urinary bladder with a normal thickness and appearance of the wall. Small amount of floating hyperechogenic sediment. No uroliths evident.

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

**WEIGHT** Normal iliac lymph nodes (1.4 cm). Ureters not visualized.

22 # Normal renal size (left 4.2 cm, right 4.8 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

**INTERPRETED BY** **Reproductive System**

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

**Adrenal Glands**

**IMAGING PERFORMED BY**

Sonya Myers, DVM

Left – normal shape, position, and echogenic appearance but enlarged (0.79/1.3 cm) as a result of nodules. Hyperechoic irregular nodule (1.1 x 1.3 cm) in the caudal pole and hyperechogenic nodule (0.5 x 0.6 cm) in the cranial pole.

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Right – normal shape, echogenic appearance, position, and size (0.62/0.69 cm). Small hyperechogenic nodule (0.5 x 0.7 cm) in the cranial pole.

**REFERRING VET** **Spleen**

Dr Rivera

Normal size (1.8 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

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**Liver**

Enlarged with rounded edges, mottled echogenic appearance, some loss of normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).


**PATIENT** *Gastrointestinal*

Bela Le Rodriguez

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.48 cm, jejunum 0.4 cm) and peristaltic activity, and no distension of the lumen. Ingesta within the stomach.

**SPECIES**

Canine

*Pancreas*

Normal size (right 0.9 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**BREED**

Shih Tzu

*Free Abdomen*

Normal mesenteric lymph nodes (0.4 x 2 cm).  
No ascites.

**SEX**

FS

**Age**

12 years

**Primary Findings:**

- Adrenal gland nodules.
- Hepatopathy.

**WEIGHT**

22 #

**Secondary Findings:**

- Age-related renal changes.
- Urinary bladder sediment.

**INTERPRETED BY**

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ECVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the adrenal gland nodules would be incidental non-functional adenomas, functional adenoma/carcinoma, pheochromocytoma, and emerging non-functional carcinomas.

Etiologies for the hepatopathy would be vacuolar, age-related, reactive, early nodular regeneration, metabolic, chronic gastritis, and infiltrative neoplasia.

Further assessment would be urinalysis, FNA cytology of the liver, blood pressure, and adrenal function testing (ACTH stimulation/LDDS test, plasma and urine catecholamines).

Specific therapy would be dependent on an etiological diagnosis.

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**PATIENT**

Bela Le Rodriguez

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

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12 years

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22 #

**IMAGES**

**Left adrenal**



**Right adrenal**



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**PATIENT** **Liver**

Bela Le Rodriguez

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

FS

**Age**

12 years

**WEIGHT**

22 #



**INTERPRETED BY**

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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.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

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