**PATIENT**

Roxy Huff

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

FS

**AGE**

9 years

**WEIGHT**

14 #

**INTERPRETED BY**Remo Lobetti, BVSc,  
MMedVet (Med), PhD,  
Dipl. ECVIM**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr Barbara Shields

**INVOICE**

303407

**DATE**

9/17/22

**PRESENTING CLINICAL SIGNS**

History: Diagnosed with renal neoplasia. Diabetic - insulin dose being reassessed.

Physical Examination: Cushingoid appearance, tense abdomen.

Urinalysis: N/A.

CBC: Normal.

Serum Biochemistry: Mild hypoglycemia, azotemia, elevated ALP activity and cholesterol, low T4.

Radiographic Findings: N/A.

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

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

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.8 cm, right 4.2 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, pyelectasia, irregular capsule, poor blood flow, and diffuse mineralization.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, echogenic appearance, and position. Normal size of left (1.43 x 0.52/0.35 cm), enlarged right gland (1.9 x 1.23/0.5 cm).

**Spleen**

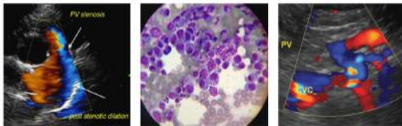
Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**Liver**

Enlarged with rounded edges, increased echogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing moderate amount of 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***

Roxy Huff

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**

Maltese

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

**SEX**

FS

- Renal disease.
- Hepatopathy.
- Right adrenomegaly.

**AGE**

9 years

Secondary Findings:

- Gall bladder sediment.

**WEIGHT**

14 #

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****INTERPRETED BY**

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

The appearance of the kidneys is consistent with chronic kidney disease with bacterial nephritis and pyelonephritis, differential diagnoses.

Etiologies for the hepatopathy would be secondary to the diabetes, reactive, vacuolar, metabolic, chronic hepatitis, early nodular regeneration, and infiltrative neoplasia.

**IMAGING PERFORMED BY**

Sarah Pender, CVT

Etiologies for the right adrenal gland would be disease stress and Cushing's disease.

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

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

**REFERRING VET**

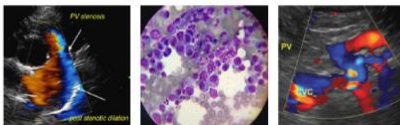
Dr Barbara Shields

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**DATE**

9/17/22



**PATIENT**

Roxy Huff

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

FS

**AGE**

9 years

**WEIGHT**

14 #

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**HOSPITAL NAME**

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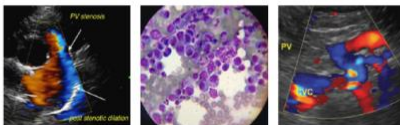
**IMAGES**

**Left kidney**



**Right kidney**





**PATIENT**

Roxy Huff

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**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

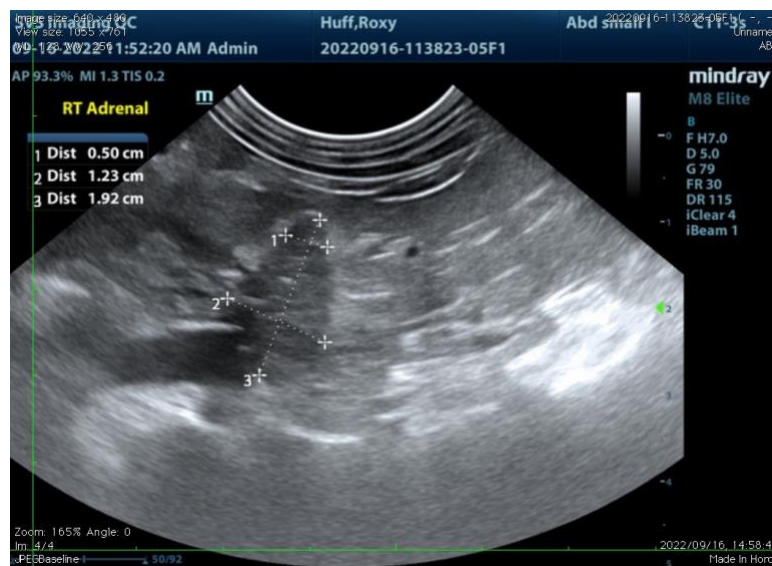
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**Liver**



**Right adrenal**



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**DATE**

9/17/22

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)**  
[rlobetti@mweb.co.za](mailto:rlobetti@mweb.co.za)