

**PATIENT PRESENTING CLINICAL SIGNS**

Chase Colon History: Partial anorexia, lethargy. Medication: Clavamox, Metronidazole, lactulose

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Canine Urinary System**

**BREED** The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Small amount of floating hyperechogenic sediment present. No uroliths evident.

Poodle Mix Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

**SEX** Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Intact Male **AGE** Bilateral renomegaly (left kidney 5.43 cm) (right kidney 6.20 cm) with normal architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

4 mos

**WEIGHT Reproductive System**

4.5 kg Normal appearance and size of the testicles and prostate.

**Adrenal Glands**

Normal shape, echogenic appearance, size (left 0.96 cm in length / 0.27 x 0.30 cm in width) (right 2.09 cm in length x 0.35 x 0.32 cm in width), position, and appearance of the visible peri-renal vasculature.

**Spleen**

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

**Liver**

Small in size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum,  
 CVT, ARDMS/RVT

**HOSPITAL NAME**

Community AH

**Gallbladder**

The gallbladder is full, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

**REFERRING VET**

Sloat

**Gastrointestinal**

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A small amount of fluid is present within the stomach.

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**Pancreas**

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

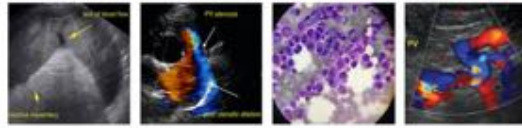
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**Free Abdomen**

Normal mesenteric lymph nodes. Normal size and ratio of the portal vein, caudal vena cava, and aorta, with no obvious turbulent flow evident within the blood vessels.

No ascites evident.



**PATIENT**      **ULTRASONOGRAPHIC FINDINGS**

Chase Colon

**Primary Findings**

**SPECIES**

- Microhepatica
- Bilateral renomegaly

Canine

**BREED**

**Secondary Findings**

Poodle Mix

- Urinary bladder sediment

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Intact Male

With the age and breed of animal, the microhepatica, and bilateral renomegaly, the most likely diagnosis would be congenital liver disease (portosystemic shunt or primary portal vein hyperplasia).

**AGE**

4 mos

The urinary bladder sediment may be an incidental finding. However, urate crystalluria needs to be considered.

**WEIGHT**

4.5 kg

Further assessment would be urinalysis, pre-and postprandial bile acids, and pending those results, a contrast angiography and/or liver biopsy may be indicated.

**INTERPRETED BY**

Specific therapy would be dependent on an etiological diagnosis.

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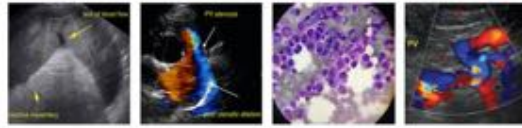
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**PATIENT**

Chase Colon

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

Intact Male

**AGE**

4 mos

**WEIGHT**

4.5 kg

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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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