



PATIENT

Gilly Jackson

SPECIES

Canine

BREED

Spaniel

SEX

FS

AGE

14 years

WEIGHT

22 #

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Lara Wiseman, DVM

HOSPITAL NAME

Boca Midtowne
Animal Hospital

REFERRING VET

INVOICE

302599

DATE

10/13/21

PRESENTING CLINICAL SIGNS

History: 3-day duration of vomiting and diarrhea. Weight loss past few months. Chronic head tilt.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder with a normal appearance and thickness (0.47 cm) of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra (0.24 cm) and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left kidney 5.2 cm, right 5.6 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, capsule, and pelvis.

Reproductive System

N/A.

Adrenal Glands

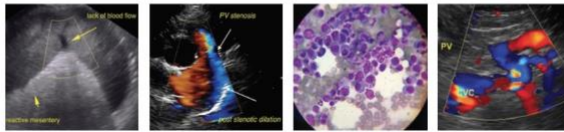
Normal shape, echogenic appearance, and position. Normal size of the left gland (0.67) but enlarged right gland (0.81 cm).

Spleen

Normal size (1.7 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear 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 parenchymal cyst (0.5 cm) in the left lobe. Small gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Normal bile duct (0.23 cm).



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, ileo-cecal junction, and colon with no loss of layering and normal wall thickness and peristalsis, and no distension of the lumen. Segmental thickening of the stomach (up to 1.4 cm) with increased echogenic appearance and possible areas of ulceration appearing as hyperechogenic foci. Thickening of the duodenum (0.59 cm) and jejunum (0.42 cm) but with no loss of layering or distention of the lumen.

Pancreas

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

Free Abdomen

Gastric (1.4 cm) and mesenteric lymphadenomegaly (2.1 x 0.7 cm) with normal shape and echogenic appearance and hyperechoic appearance of the surrounding mesentery. No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Gastro-enteropathy.
- Mesenteric lymphadenomegaly.
- Right adrenomegaly

Secondary findings:

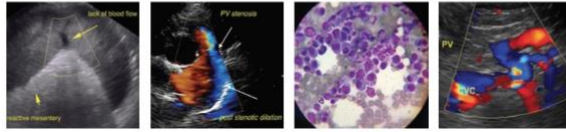
- Hepatic cyst.
- Myelolipoma
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastro-enteropathy would be non-specific gastro-enteritis (dietary indiscretion, toxins, viral, bacterial, helminths, protozoa), *Helicobacter* gastritis, ulcerative disease, granulomatous disease, inflammatory bowel disease, dietary hypersensitivity, and lymphoma.

Etiologies for the lymphadenomegaly would be reactive, hyperplasia, lymphadenitis, and infiltrative neoplasia.

Etiologies for the adrenomegaly would be age-related, disease stress, and emerging Cushing's disease.



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Initial further assessment would be fecal analyses. If there is not a satisfactory improvement with symptomatic therapy then endoscopy of the upper GI tract with biopsies should be considered. Adrenal function testing (ACTH/LDDS test) should also be considered if there are compatible clinical, urine SG, and serum biochemistry changes.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be intestinal diet, anti-emetics, gastric protectants, intestinal binders, and a course of fenbendazole and/or metronidazole.

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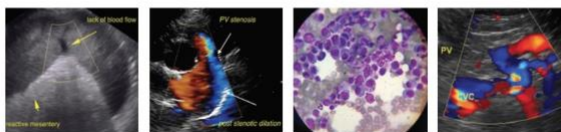
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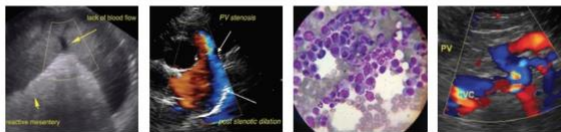
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IMAGES

Stomach





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Lymph nodes



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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