

PATIENT PRESENTING CLINICAL SIGNS

Tess King History: Cushing's disease – controlled on trilostane. Gall bladder sludge on previous ultrasound – treated with ursodiol. Progressive elevation of liver enzyme activity.

SPECIES

Physical Examination: N/A.

Canine

Urinalysis: N/A.

BREED

CBC: N/A.

Boston terrier

Serum Biochemistry: Elevated ALT, ALP, and GGT activity.

Radiographic Findings: N/A.

SEX

FS

AGE

9 years

WEIGHT

25.3#

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size, echogenic appearance, cortico-medullary differentiation, capsule, and pelvis.

Reproductive System

N/A.

Adrenal Glands

Normal shape and position with a hypoechogenic appearance and bilaterally enlarged.

Spleen

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

Liver

Normal size with a diffuse increased echogenic appearance, and some loss of portal markings. No nodules or masses evident. Full gall bladder containing small amount of non-adherent hyperechogenic sediment. Hyperechogenic and thickened 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. Ingesta within the stomach.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Rita Kivircik

HOSPITAL NAME

Kings Veterinary Hospital

REFERRING VET

Dr Kate Buss

INVOICE

302641

DATE

11/17/21



PATIENT *Pancreas*

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

SPECIES *Free Abdomen*

Canine No mesenteric lymphadenomegaly.
No ascites.

BREED

Boston terrier

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral adrenomegaly.
- Hepatopathy.
- Cholecystitis?
- Splenic pathology?

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Secondary Findings:

WEIGHT

25.3#

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The appearance of the adrenal glands is in line with the diagnosis of pituitary-dependent Cushing's disease as well as the trilostane therapy.

The most likely etiology for the hepatopathy would be secondary to the Cushing's disease with reactive, vacuolar, chronic hepatitis, early cirrhosis, and early nodular regeneration differential diagnoses and infiltrative neoplasia a far less likely differential diagnosis.

The appearance of the gall bladder is typical for a previous episode of cholecystitis.

Although the appearance of the spleen may be an incidental finding, reactive, hyperplasia, splenitis, and infiltrative neoplasia should be considered.

Further assessment would be FNA cytology of the liver and spleen.

Specific therapy would be dependent on an etiological diagnosis. Ongoing management would be ursodiol and possibly increasing the trilostane dose.

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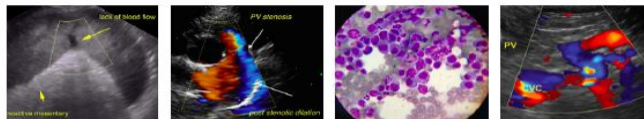
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PATIENT IMAGES

Tess King **Adrenal gland**

SPECIES

Canine

BREED

Boston terrier

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Liver



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PATIENT

Gall bladder

Tess King

SPECIES

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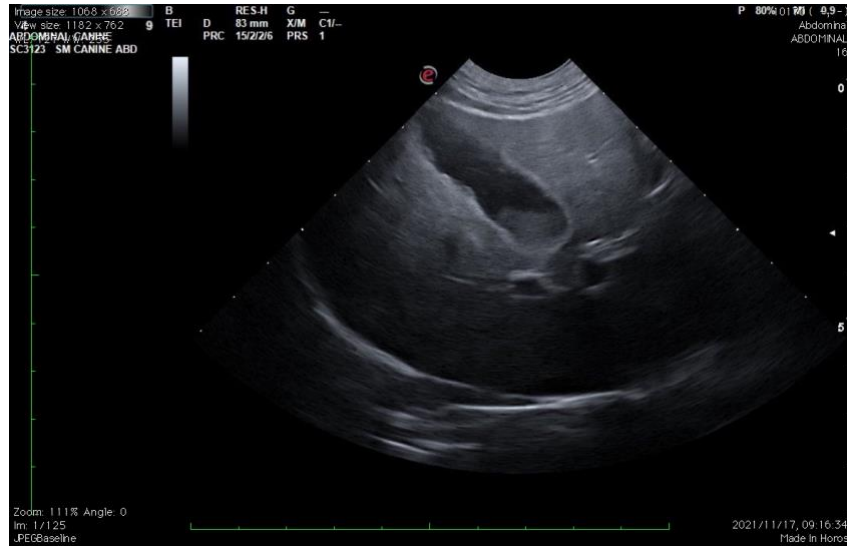
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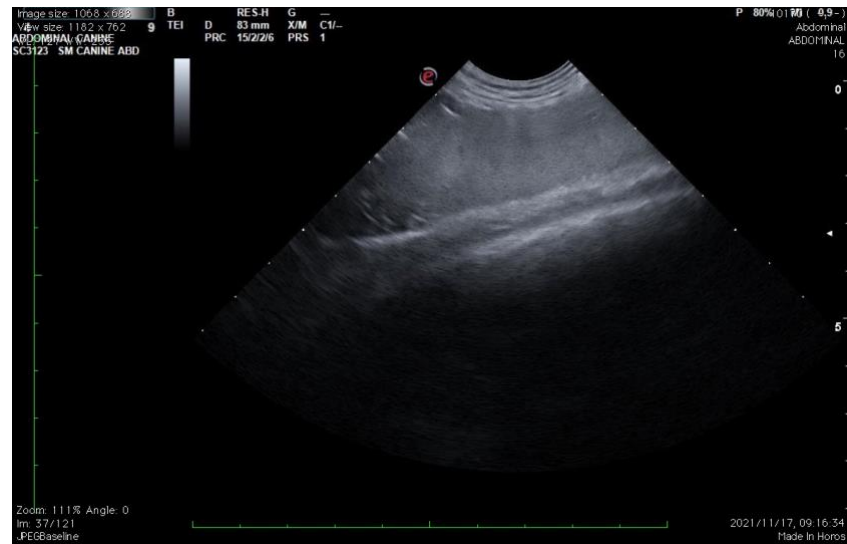
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Spleen



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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