

PATIENT

Maggie Marino

SPECIES

Canine

BREED

Terrier X

SEX

FS

AGE

15 years

WEIGHT

25 #

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

302721

DATE

2/1/22

PRESENTING CLINICAL SIGNS

History: Inappetence, vomiting, and hematochezia.

Physical Examination: Severely distended abdomen, pale mucous membranes, and depression.

Urinalysis: N/A.

CBC: Regenerative anemia, severe neutrophilia.

Serum Biochemistry: Elevated liver enzyme activity, urea, and SDMA, hypokalemia, low T4.

Radiographic Findings: Possible hepatic mass.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal appearance and thickness of the wall. Small amount of hyperechogenic floating sediment and focal urolith (0.8 cm).

Normal trigone area, proximal urethra (0.31 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 5.2 cm, right 4.6 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule. Bilateral small pelvic mineralization without any pyelectasia.

Reproductive System

N/A.

Adrenal Glands

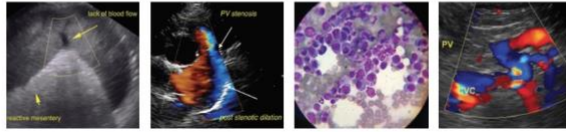
Normal shape, echogenic appearance, and position but bilaterally enlarged. Left 0.92 cm, right 0.85 cm.

Spleen

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

Liver

Enlarged with rounded edges, diffuse coarse hyperechogenic appearance, and loss of portal markings. No nodules or masses evident. Focal irregular anechoic parenchymal cyst (1.3 cm) in the left lobe. Full gall bladder containing large amount of hyperechogenic non-adherent sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.21 cm).



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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.26 cm, duodenum 0.31 cm, jejunum 0.24 cm) and peristalsis, and no distension of the lumen.

Pancreas

Normal size (1 cm) with a diffuse hyperechogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Bilateral adrenomegaly.
- Hepatopathy.
- Pancreatitis.
- Urolith.

Secondary findings:

- Hepatic cyst.
- Gall bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the adrenomegaly would be pituitary-dependent Cushing's disease with hyperplasia from disease stress a differential diagnosis.

Etiologies for the hepatopathy would be reactive, hyperplasia, metabolic, chronic hepatitis, early cirrhosis, and infiltrative neoplasia.

The appearance of the pancreas is consistent with pancreatitis.

With the hematological changes, blood loss and hemolysis needs to be considered.

Further assessment would be urinalysis, urine culture, cPL/PSL assay, Coombs'/in-saline agglutination test, and FNA cytology of the liver. Once the pancreatitis and anemia has been controlled then adrenal function testing (ACTH stimulation/low-dose dexamethasone suppression test) should be considered.



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Specific therapy would be dependent on an etiological diagnosis. Management of the pancreatitis would be fluid therapy as needed, potassium supplementation, low-fat intestinal diet, analgesics (opioid and/or NSAIDs), and anti-emetics. Management of the hepatopathy and gall bladder sediment would be ursodiol.

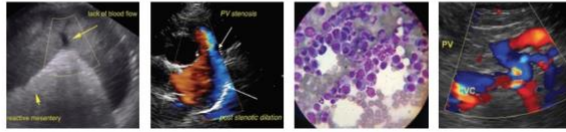
IMAGES

Urinary bladder



Pancreas





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Liver



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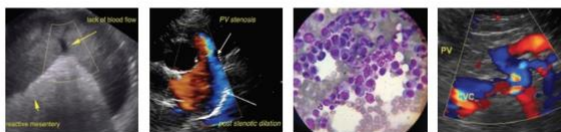


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Gall bladder



Left adrenal



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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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
 rlobetti@mweb.co.za