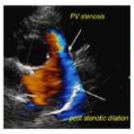
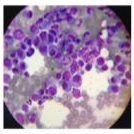
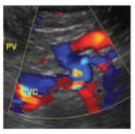




PATIENT

Pappy Heleg

SPECIES

Canine

BREED

Papillon

SEX

MN

AGE

12 years

WEIGHT

16.4 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr Douglas

INVOICE

303464

DATE

9/17/22

PRESENTING CLINICAL SIGNS

History: Elevated liver enzyme activity on pre-GA bloods for dental. Treated with milk thistle. Progressive increase in liver enzyme activity but improved when drug discontinued.

Physical Examination: Normal.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: Mildly elevated ALT activity.

Radiographic Findings: N/A.

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 evident. Small urolith present.

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.9 cm, right 4.8 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

Reproductive System

Small hypoechogenic prostate gland.

Adrenal Glands

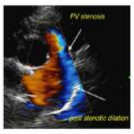
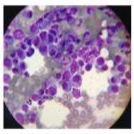
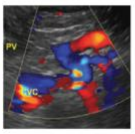
Normal shape, echogenic appearance, and position but bilateral enlarged. Left 2.17 x 0.68/1.03 cm, right gland 1.95 x 0.51/0.95 cm).

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. Small hypoechogenic parenchymal nodule in the body of the spleen with some distortion of the overlying capsule. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Enlarged with rounded edges, increased echogenic appearance, some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

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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 and peristaltic activity, and no distension of the lumen.

Pancreas

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

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Hepatopathy.
- Adrenomegaly.
- Splenic nodule.

Secondary Findings:

- Urolith.
- Gall bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive, vacuolar, metabolic, chronic hepatitis, early nodular regeneration, and early cirrhosis with infiltrative neoplasia an unlikely differential diagnosis.

Etiologies for the adrenomegaly would be disease stress and Cushing's disease.

Etiologies for the splenic nodule would be hyperplasia, hematoma, granuloma, abscess, and neoplasia.

Although milk thistle is used in the management of liver disease, there are anecdotal reports that it can result in liver damage, especially if given too often and at high doses. An idiosyncratic drug reaction would also be a possible explanation.

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

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

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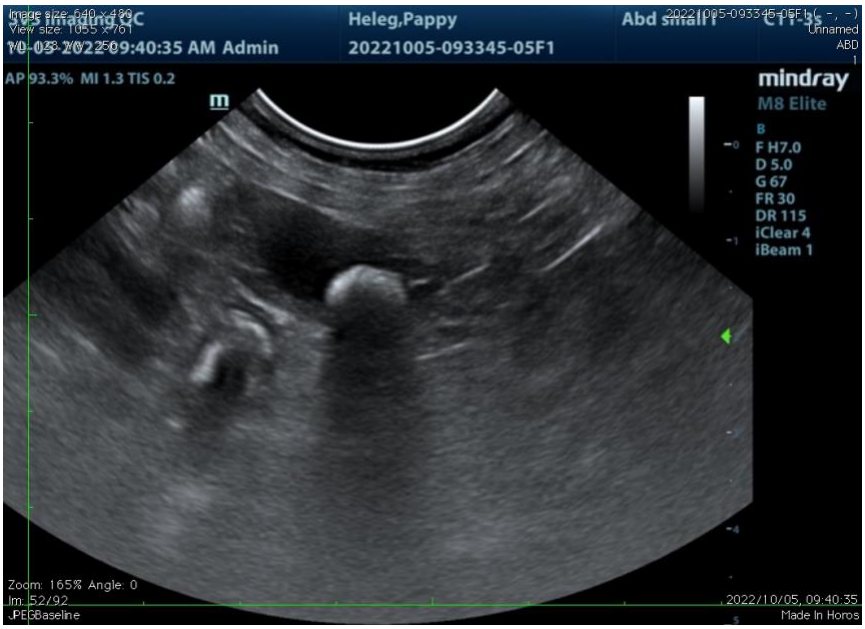
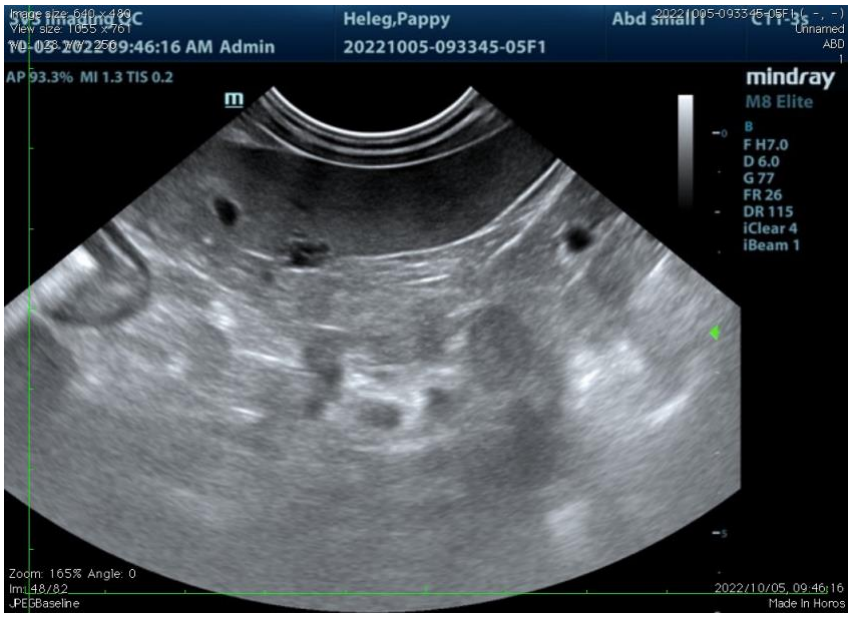
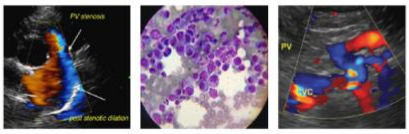
IMAGES

Urinary bladder



Spleen





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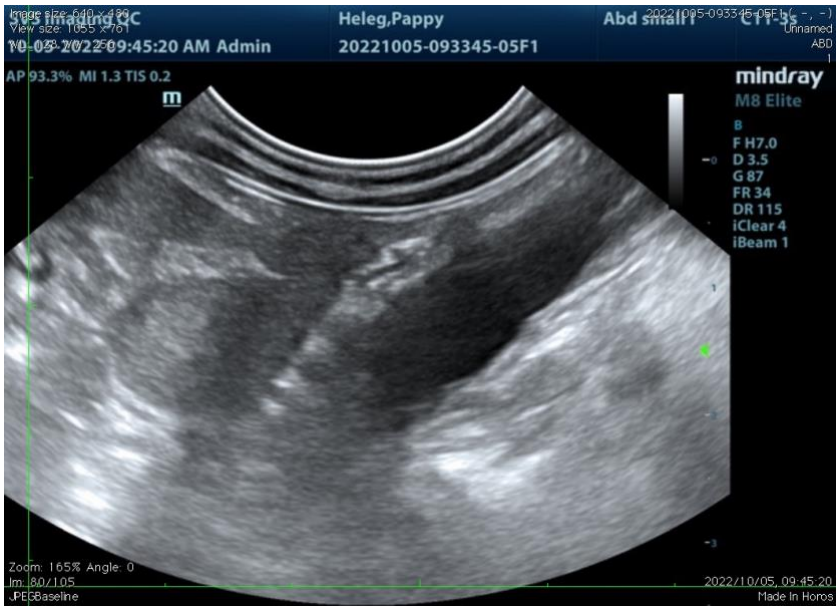
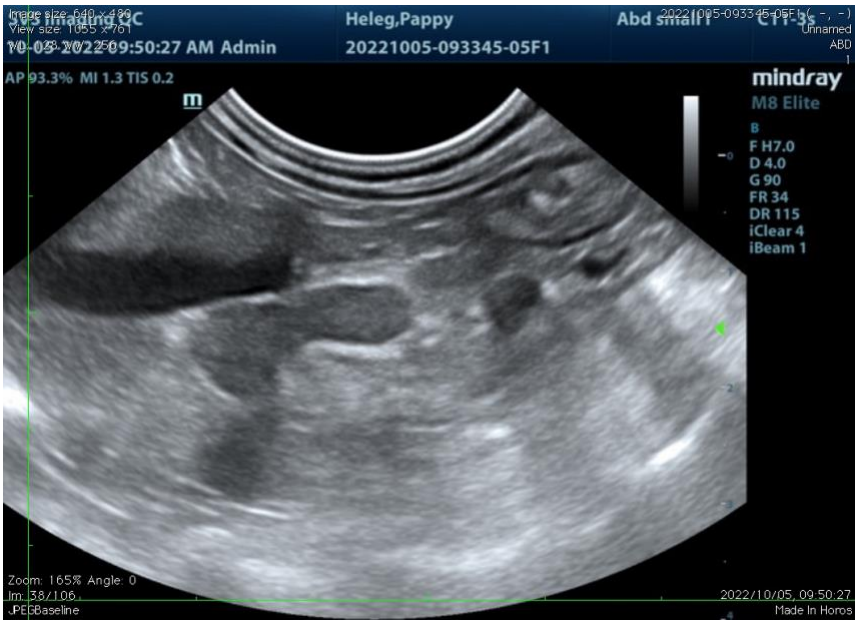
Left adrenal



Right adrenal



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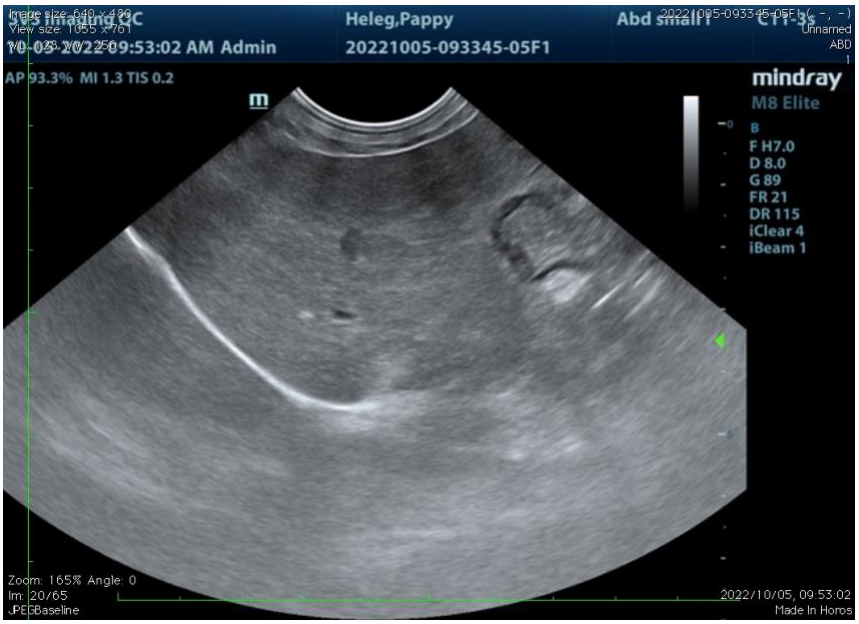
Liver



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