


PATIENT PRESENTING CLINICAL SIGNS

PATIENT Kiki Acevedo History: Chronic intermittent vomiting. Recent hyporexia.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

BREED CBC: Neutrophilia, monocytosis.

Dachshund Serum Biochemistry: Elevated bilirubin. Severely elevated liver enzyme activity and glucose.

Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS **Urinary System**

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

13 years

WEIGHT Normal trigone area, proximal urethra (0.3 cm), and iliac blood vessels.

17 # Normal iliac lymph nodes (1.5 cm). Ureters not visualized.

Normal renal size (left 4.4 cm, right 5 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

INTERPRETED BY **Reproductive System**

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

N/A.

IMAGING PERFORMED BY **Adrenal Glands**

Normal position and echogenic appearance with rounded shape and enlarged. Left 0.88/0.61 cm, right 0.8/0.76 cm. Mineralization of the caudal pole of the left adrenal.

Sonya Myers, DVM

HOSPITAL NAME **Spleen**

Oviedo Veterinary care and Emergency Normal size (2 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

REFERRING VET **Liver**

Dr Lucignani Enlarged with rounded edges, increased echogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing large amount of adherent and non-adherent hyperechogenic sediment arranged in a stellate pattern. Thickened and hyperechogenic appearance of the gall bladder wall. Hyperechogenic appearance of the mesentery surrounding the gall bladder. Dilated bile duct (0.7 cm) containing hyperechogenic sediment.

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DATE

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PATIENT *Gastrointestinal*

Kiki Acevedo Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.41 cm, duodenum 0.49 cm, jejunum 0.36 cm, colon 0.27 cm) and peristaltic activity, and no distension of the lumen.

SPECIES

Canine

Pancreas

Normal size (right 1.3 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

BREED

Dachshund

Free Abdomen

SEX

Normal mesenteric lymph nodes (1.2 cm).
No ascites.

FS

Age

13 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Hepatopathy.
- Mucocele.
- Dilated bile duct.
- Bilateral adrenomegaly.

WEIGHT

17 #

Secondary Findings:

- Age-related renal changes.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be metabolic, reactive, hyperplasia, acute hepatitis (viral, bacterial, toxins). Leptospirosis, and infiltrative neoplasia.

The dilated bile duct is most likely associated with the mucocele.

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

Initial further assessment would be *Leptospira* PCR/serology, serum fructosamine, and FNA cytology of the liver. Once the diabetes is under control, adrenal function testing (ACTH stimulation/LDDS test) would be indicated.

Specific therapy would be dependent on an etiological diagnosis. Once stabilized, cholecystectomy could be considered if there has not been an improvement with ursodiol therapy.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary care
and Emergency

REFERRING VET

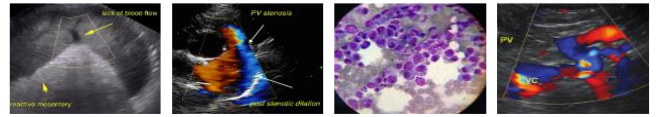
Dr Lucignani

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PATIENT

Kiki Acevedo

SPECIES

Canine

BREED

Dachshund

SEX

FS

Age

13 years

WEIGHT

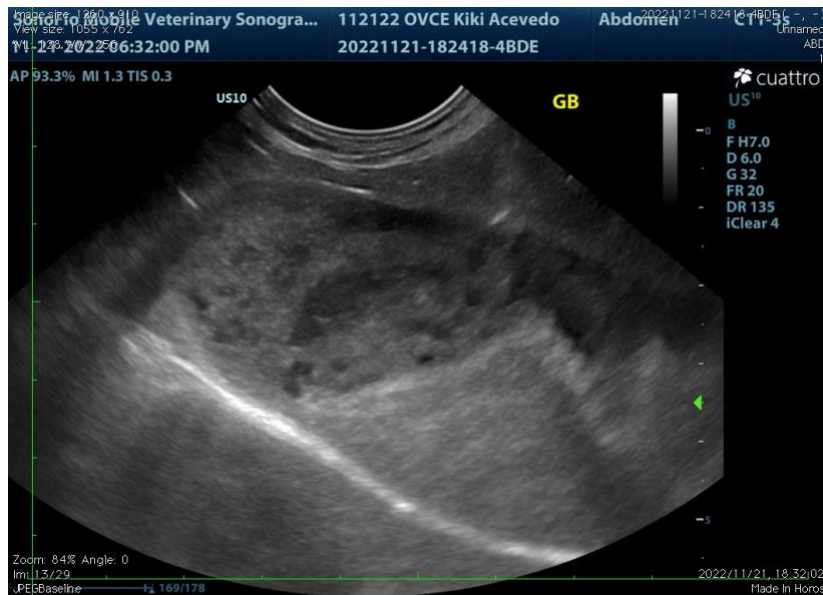
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IMAGES

Liver



Gall bladder



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PATIENT Bile duct

Kiki Acevedo

SPECIES

Canine

BREED

Dachshund

SEX

FS

Age

13 years

WEIGHT

17 #



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)
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