



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bo Busick History: Lethargy. Previously diagnosed with Addison's disease.

SPECIES Physical Examination: Icterus.

Canine Urinalysis: N/A.

BREED CBC: N/A.

Australian cattle dog Serum Biochemistry: Elevated ALP and GGT activity, bilirubin, and PT/PTT. Low urea and glucose.

SEX Radiographic Findings: Microhepatica.

MN

Age ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

3 years Urinary System

WEIGHT Full urinary bladder with a thickened and irregular appearance of the apical wall with the rest of the wall having a normal thickness and appearance. Normal anechoic urine with no sediment or uroliths evident.

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Normal trigone area, proximal urethra (0.6 cm), and iliac blood vessels.

INTERPRETED BY Normal iliac lymph nodes. Ureters not visualized.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM Normal renal size (left 5.9 cm, right 6.5 cm) echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

IMAGING PERFORMED BY Sonya Myers, DVM Small hypoechogenic prostate (1.2 cm).

Adrenal Glands

HOSPITAL NAME Normal position, echogenic appearance, and shape but small in size. Left 0.26/0.19 cm, right 0.23/0.23 cm.

Oviedo Veterinary Care and Emergency

Spleen

REFERRING VET Dr Adams Normal size (1.6 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

INVOICE Liver

303525 Small in size with rounded edges, normal echogenic appearance, some loss of portal markings, and irregular capsule. No nodules or masses evident. Full gall bladder containing large amount of adhered and non-adhered hyperechogenic sediment with an early stellate pattern. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).

DATE

11/4/22


PATIENT
Gastrointestinal

Bo Busick

Normal appearance of the duodenum, small intestine, ileo-cecal junction with no loss of layering, normal wall thickness (duodenum 0.26 cm, jejunum 0.32 cm) and peristaltic activity, and no distension of the lumen. Thickening of the stomach (0.5 cm) and colon (0.72 cm) but with no loss of layering or distention of the lumen. Large amount of fluid within the stomach.

SPECIES

Canine

BREED

Australian cattle dog

Pancreas

Enlarged (left 1.4 cm, right 1.8 cm) with a hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

MN

Free Abdomen

Normal mesenteric lymph nodes (1.4 cm).

Hepatic lymphadenomegaly (1.1 x 3 cm) with normal shape and echogenic appearance.

Age

Small amount of acellular ascites.

3 years

ULTRASONOGRAPHIC FINDINGS
WEIGHT

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Primary Findings:

- Pancreatitis.
- Hepatopathy.
- Emerging mucocele.
- Gastro-colitis.
- Hepatic lymphadenomegaly.
- Ascites.

INTERPRETED BY

Remo Lobetti, BVSc,
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Secondary Findings:

- Cystitis.
- Small adrenal glands.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with acute pancreatitis and could account for the mucocele, gastro-colitis, ascites, and lymphadenomegaly.

REFERRING VET

Dr Adams

Etiologies for the hepatopathy would be secondary to the pancreatitis and mucocele with underlying portal systemic shunt and primary portal vein hypoplasia an important consideration, especially with the hypoglycemia and low urea.

INVOICE

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The small adrenal glands are consistent with the previous diagnosis of Addison's disease.

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Initial further assessment would be fecal and urine analyses and cPL/PSL assay and once the pancreatitis has resolved, pre-and post-prandial bile acids as well follow up ultrasound. If the gastro-colitis and lymphadenomegaly has not resolved then endoscopy of both the upper and lower GI tract and FNA cytology of the lymph nodes would be indicated.



PATIENT

Bo Busick

Management of the pancreatitis would be fluid therapy, glucose supplementation analgesics, low-fat intestinal diet, anti-emetics, gastric protectants, and a 3-5 day course of prednisolone (½ mg/kg SID). Further specific therapy would be dependent on an etiological diagnosis.

SPECIES

Canine

IMAGES

Pancreas

BREED

Australian cattle dog

SEX

MN

Age

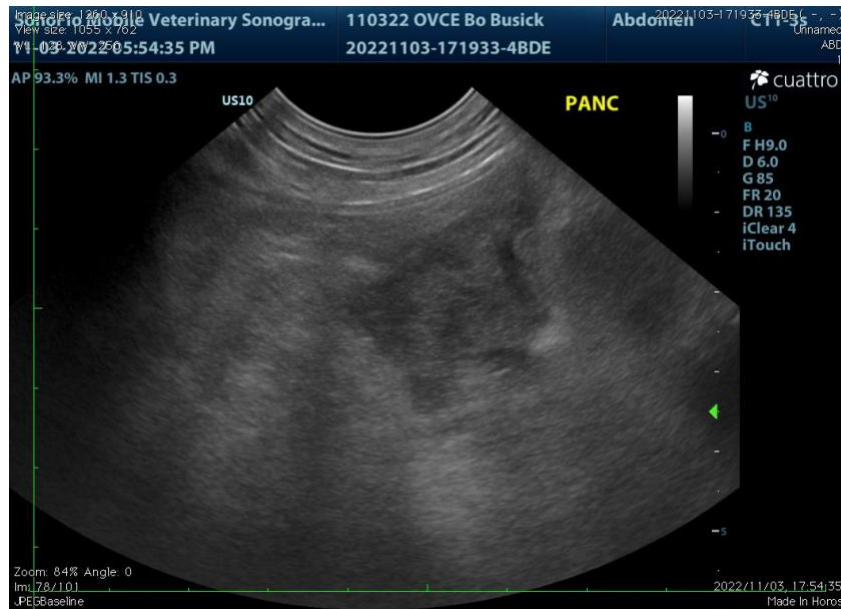
3 years

WEIGHT

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Gall bladder

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

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REFERRING VET

Dr Adams

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PATIENT

Liver/stomach

Bo Busick

SPECIES

Canine

BREED

Australian cattle dog

SEX

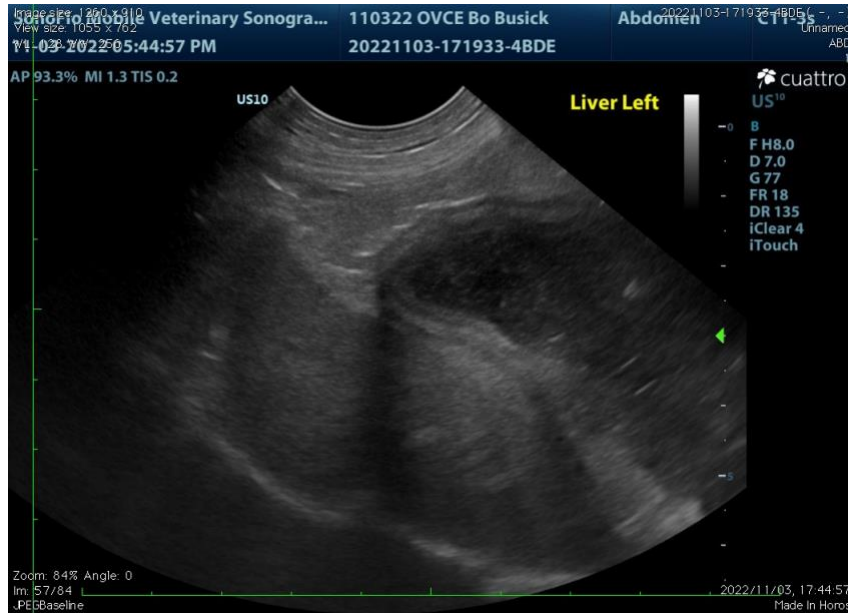
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Age

3 years

WEIGHT

30 #



Hepatic lymph nodes

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PATIENT

Urinary bladder

Bo Busick

SPECIES

Canine

BREED

Australian cattle dog

SEX

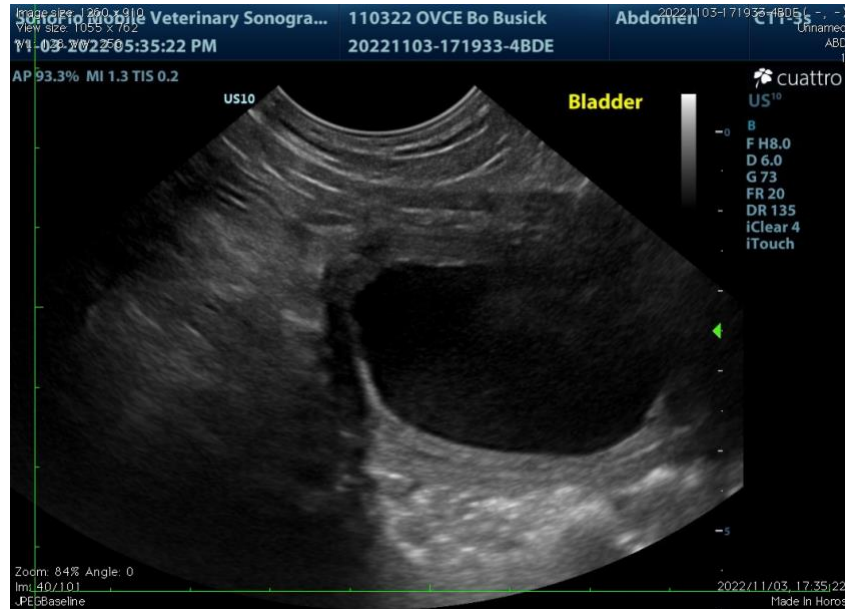
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Age

3 years

WEIGHT

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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.

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