


**PATIENT PRESENTING CLINICAL SIGNS**

Cooper Harris  
 History: Hepatopathy.  
**SPECIES**  
 Canine  
 Physical Examination: N/A.  
 Urinalysis: N/A.  
**BREED**  
 Doodle  
 CBC: N/A.  
 Serum Biochemistry: Elevated liver enzyme activity.  
 Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

FS  
**Age**  
 11 years  
**WEIGHT**  
 65 #  
**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 (0.5 cm), and iliac blood vessels.  
 Left iliac lymphadenomegaly (0.7 x 2.9 cm) with hypoechogenic appearance and normal shape. Ureters not visualized.

**INTERPRETED BY**  
 Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM  
 Normal renal size (left 6 cm, right 6.4 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Bilateral pinpoint mineralization.

**Reproductive System**

N/A.

**IMAGING PERFORMED BY Adrenal Glands**

Sonya Myers, DVM  
 Normal position and echogenic appearance, rounded shape, and enlarged. Left 0.85/0.69 cm, right 0.78/0.75 cm.

**HOSPITAL NAME Spleen**

Lake Emma Animal Hospital  
 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 Hecker  
 Enlarged with rounded edges, diffuse hyperechogenic appearance, some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

**INVOICE**

303536

**DATE**

11/8/22



**PATIENT** *Gastrointestinal*

Cooper Harris Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.49 cm, jejunum 0.4 cm, colon 0.14 cm) and peristaltic activity, and no distension of the lumen.

**SPECIES**

Canine

*Pancreas*

Normal size and (right 1.4 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**BREED**

Doodle

*Free Abdomen*

**SEX**

Normal mesenteric lymph nodes (0.5 x 2.9 cm).  
No ascites.

FS

**Age**

**ULTRASONOGRAPHIC FINDINGS**

11 years

Primary Findings:

**WEIGHT**

65 #

- Adrenomegaly.
- Hepatopathy.
- Iliac lymphadenomegaly.

Secondary Findings:

- Age-related renal changes.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

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

Sonya Myers, DVM

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

**HOSPITAL NAME**

Lake Emma Animal  
Hospital

Etiologies for the iliac lymph node would be reactive, lymphadenitis, and infiltrative neoplasia.

**REFERRING VET**

Dr Hecker

Further assessment would be adrenal function testing (ACTH stimulation/LDDS test) and FNA cytology of the liver and iliac lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.

**INVOICE**

303536

**DATE**

11/8/22



**PATIENT**

Cooper Harris

**SPECIES**

Canine

**BREED**

Doodle

**SEX**

FS

**Age**

11 years

**WEIGHT**

65 #

**IMAGES**

**Liver**



**Left adrenal**



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Lake Emma Animal  
 Hospital

**REFERRING VET**

Dr Hecker

**INVOICE**

303536

**DATE**

11/8/22



**PATIENT**

**Iliac lymph node**

Cooper Harris

**SPECIES**

Canine

**BREED**

Doodle

**SEX**

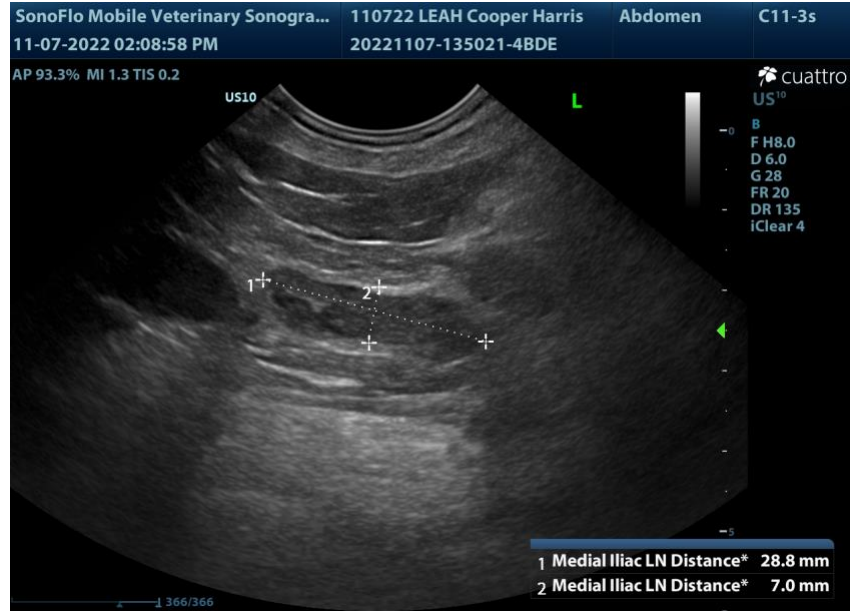
FS

**Age**

11 years

**WEIGHT**

65 #



**INTERPRETED BY**

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

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](mailto:rlobetti@mweb.co.za)

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Lake Emma Animal  
 Hospital

**REFERRING VET**

Dr Hecker

**INVOICE**

303536

**DATE**

11/8/22