

**PATIENT**

Skylla Sullivan

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

FS

**AGE**

6 years

**WEIGHT**

44.1 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Lisa Bancroft, DVM

**HOSPITAL NAME**

Treasure Coast Animal  
Emergency

**REFERRING VET**

Angela Cail

**INVOICE**

303894

**DATE**

2/14/23

**PRESENTING CLINICAL SIGNS**

History: Acute onset vomiting and lethargy.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with a normal thickness (0.3 cm) and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 7.3 cm, right 6.7 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**Reproductive System**

N/A.

**Adrenal Glands**

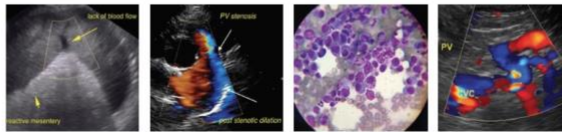
Normal shape, echogenic appearance, position, and size. Right 0.74 cm. Hyperechogenic parenchymal nodule (1 cm) in the cranial pole of the left gland.

**Spleen**

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

**Liver**

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder (5 cm) containing normal anechoic bile. Normal thickness (0.3 cm) of the gall bladder wall but with a hyperechogenic appearance. Hyperechogenic appearance of the mesentery and liver parenchyma around the gall bladder. Normal bile duct.



**PATIENT**

Skylla Sullivan

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

FS

**AGE**

6 years

**WEIGHT**

44.1 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Lisa Bancroft, DVM

**HOSPITAL NAME**

Treasure Coast Animal  
Emergency

**REFERRING VET**

Angela Cail

**INVOICE**

303894

**DATE**

2/14/23

***Gastrointestinal***

Normal appearance of the gastro-esophageal junction, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristalsis, and no distension of the lumen.

***Pancreas***

Normal size (1 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

***Free Abdomen***

No mesenteric lymphadenomegaly.  
Trace amount of ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Emerging cholecystitis?
- Left adrenal nodule.

Secondary findings:

- None.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

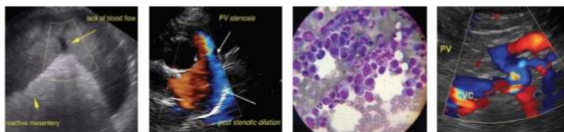
The appearance of the gall bladder is most likely an incidental finding but should be monitored for possible development of cholecystitis – liver enzyme activity, bilirubin, and ultrasound.

Although the left adrenal nodule is most likely an incidental non-functional adenoma, functional adenoma and emerging carcinoma needs to be considered.

With the normal appearance of the GI tract, liver, and pancreas, the most likely etiology for the presenting clinical signs would be non-specific gastroenteritis (dietary indiscretion, toxins, viral, parasitic).

Further assessment that could be considered would be adrenal function testing (ACTH stimulation/LDDS test), if there are compatible clinical and biochemistry signs of Cushing's disease.

Specific therapy would be dependent on an etiological diagnosis.



**PATIENT**

Skylla Sullivan

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

FS

**AGE**

6 years

**WEIGHT**

44.1 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Lisa Bancroft, DVM

**HOSPITAL NAME**

Treasure Coast Animal  
Emergency

**REFERRING VET**

Angela Cail

**INVOICE**

303894

**DATE**

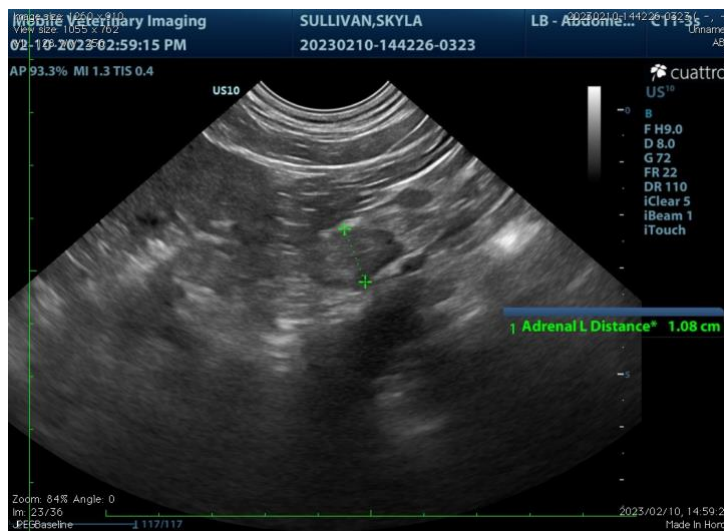
2/14/23

**IMAGES**

**Gall bladder**



**Left adrenal**



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