



PATIENT PRESENTING CLINICAL SIGNS

Clyde Meyers History: Diabetes mellitus, hepatomegaly.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: Elevated liver enzyme activity.

Chihuahua Radiographic Findings: N/A.

SEX

MN

AGE

10 years

WEIGHT

11 #

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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 or uroliths evident.

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size, echogenic appearance, cortico-medullary differentiation, capsule, and pelvis.

Reproductive System

Small hypoechogenic prostate.

Adrenal Glands

Normal position, shape, and echogenic appearance but bilaterally enlarged.

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

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

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.

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Tasha

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REFERRING VET

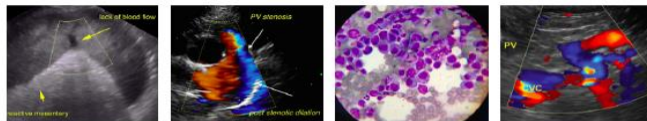
Dr Hlatky

INVOICE

303914

DATE

2/21/23



PATIENT *Pancreas*

Clyde Meyers Normal size and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine No mesenteric lymphadenomegaly.
No ascites evident.

BREED *Thorax*

Chihuahua Normal appearance of the heart.
No pericardial effusion.
No pleural effusion evident.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Hepatopathy.
- Bilateral adrenomegaly.

Secondary Findings:

- Gall bladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The most likely etiology for the hepatopathy would be metabolic secondary to the diabetes with reactive, hyperplasia, chronic hepatitis, and infiltrative neoplasia, differential diagnoses.

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

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Further assessment would be dependent on how stable the diabetes is – if recently diagnosed or unstable then further assessment needs to be delayed until the diabetes has been stabilized. Further assessment with stabilized diabetes or if the insulin requirements exceeds 2.2 IU/kg BID would be adrenal function testing (ACTH stimulation/LDDS test) and FNA cytology of the liver.

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Specific therapy would be dependent on an etiological diagnosis.

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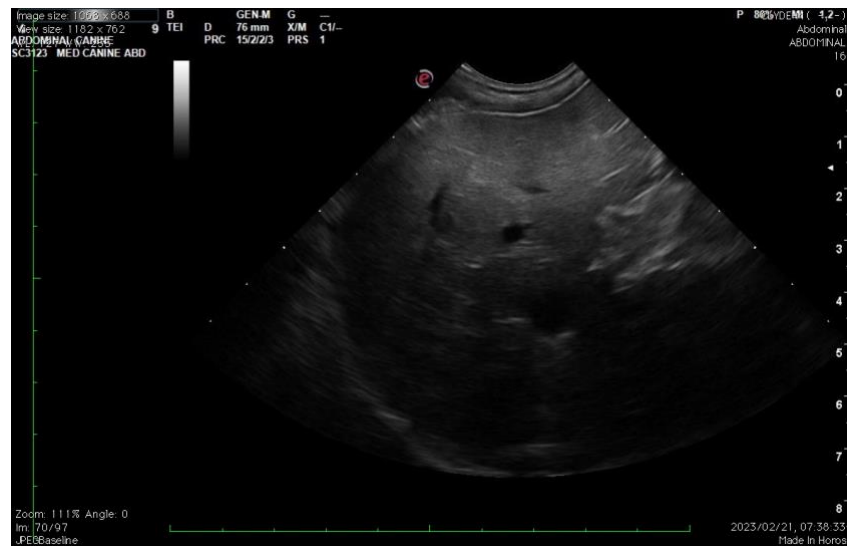
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IMAGES

Left adrenal



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.

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