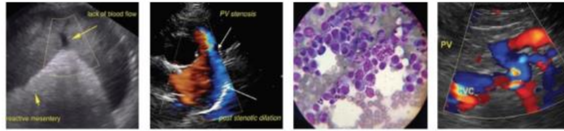


PATIENT
Mickey Loosey

SPECIES
Canine

BREED
Miniature Aussie

SEX
MN

AGE

WEIGHT
33 #

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

IMAGING PERFORMED BY
Seth Mitchell, DVM

HOSPITAL NAME
Treasure Coast Animal Emergency

REFERRING VET
Angela Cail

INVOICE
303920

DATE
2/22/23

PRESENTING CLINICAL SIGNS

History: Anorexia, vomiting, diarrhea.

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 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 (left 5.1 cm, right 5.3 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

Small hypoechogenic prostate (0.7 cm).

Adrenal Glands

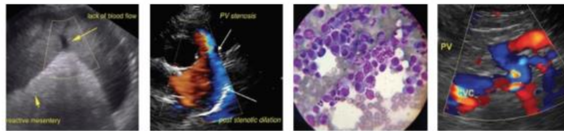
Normal shape, echogenic appearance and position but plump in size. Left 0.8 cm, right 0.83 cm.

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, diffuse hyperechogenic and coarse appearance, loss of portal markings, and regular curvilinear capsule. Focal well circumscribed hyperechogenic parenchymal nodule (1.5 cm) in the left lobe. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (small intestine 0.44 cm) and peristalsis, and no distension of the lumen. Thickening of the duodenum (0.71 cm) with a corrugated appearance and no loss of layering or distension of the lumen.

Pancreas

Enlarged (right 1.7 cm) with a hyperechogenic and nodular appearance. Irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Nodular pancreatitis.
- Hepatopathy.
- Duodenitis
- Bilateral adrenomegaly.

Secondary findings:

- Hepatic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the pancreas would be chronic-active pancreatitis, granulomatous disease, abscessation, and neoplasia.

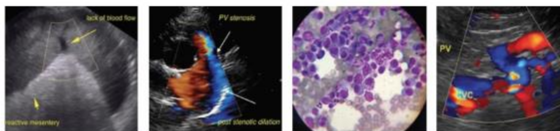
Etiologies for the hepatopathy would be secondary to the pancreatitis, reactive, hyperplasia, metabolic, chronic hepatitis, and infiltrative neoplasia.

The most likely etiology for the duodenitis would be secondary to the pancreatitis.

Etiologies for the adrenal glands would be disease stress and emerging Cushing's disease.

Further assessment would be cPL/PSL assay and FNA cytology of the pancreas and liver. Adrenal function testing (ACTH stimulation/LDDS test) could be considered once the pancreatitis has been resolved and if there are compatible clinical and biochemical signs of Cushing's disease.

Specific therapy would be dependent on an etiological diagnosis. Management of the pancreatitis would be fluid therapy, low-fat intestinal diet, anti-emetics, and analgesics (opioid and/or NSAIDs).



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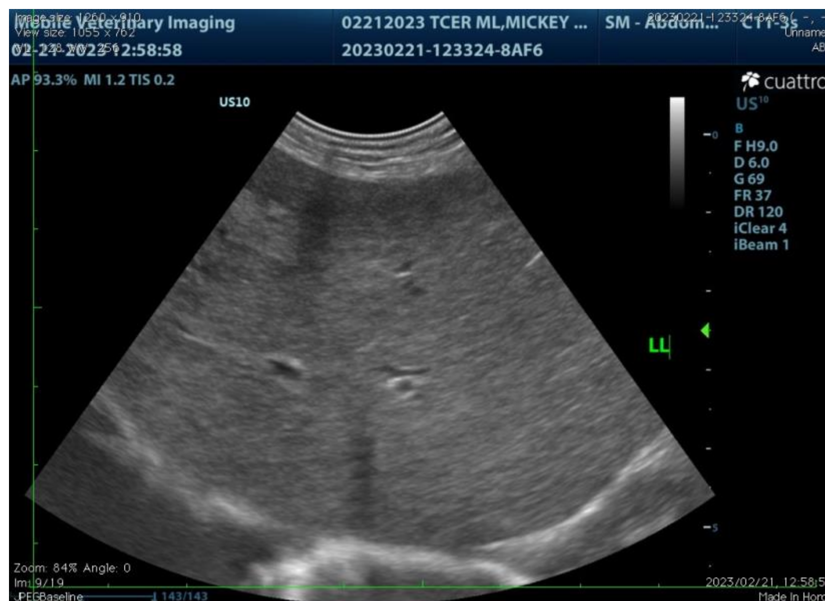
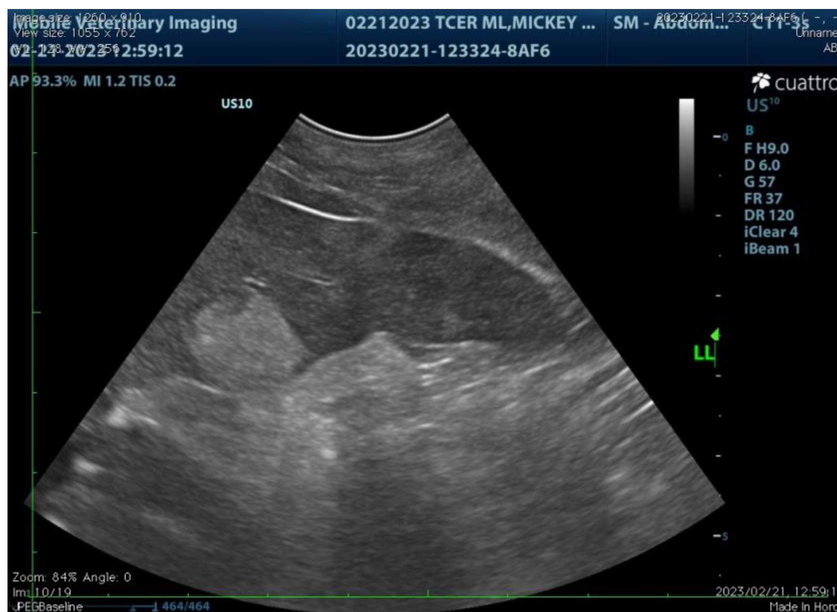
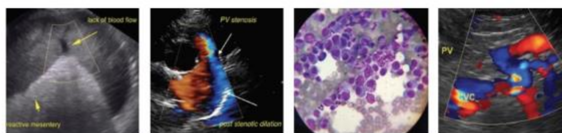
IMAGES

Liver







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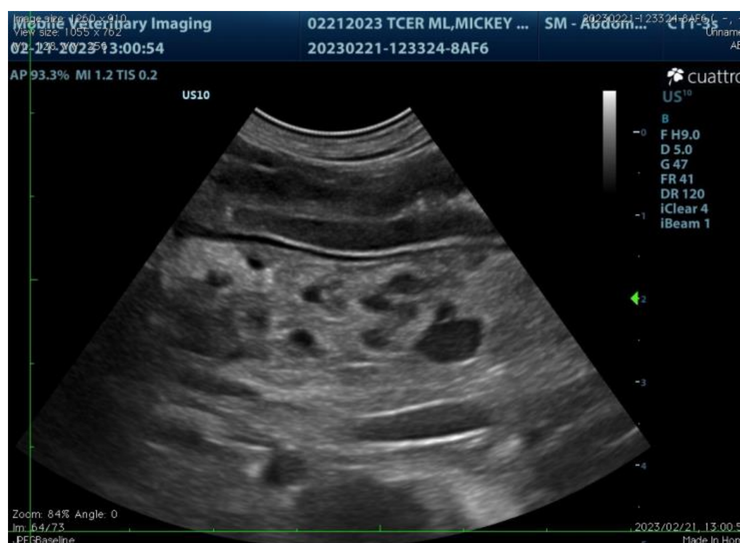
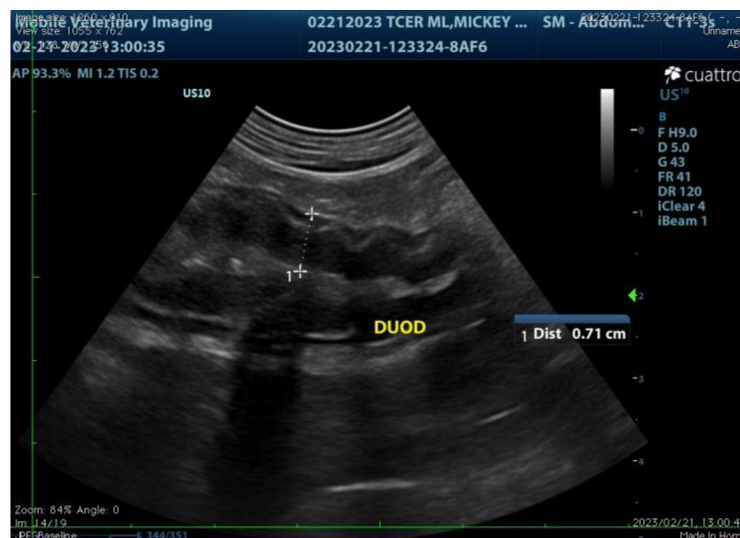
Pancreas



Duodenum



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