

PATIENT

Gracie Ballin

SPECIES

Canine

BREED

Maltese

SEX

FS

AGE

10 years

WEIGHT

8.5 #

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Lara Wiseman, DVM

HOSPITAL NAME

Boca Midtowne
Animal Hospital

REFERRING VET

Dr Boazman

INVOICE

302779

DATE

2/23/22

PRESENTING CLINICAL SIGNS

History: PuPd, distended abdomen.

Physical Examination: Distended abdomen, bradycardia, grade 3/6 systolic heart murmur, submandibular lymphadenomegaly.

Urinalysis: SG 1.026, pH 5, negative sediment.

CBC: N/A.

Serum Biochemistry: Elevated liver enzyme activity.

Radiographic Findings: Cardiomegaly, hepatomegaly with caudal displacement of gastric axis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Normal trigone area, proximal urethra (0.29 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (both 4.1 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and pelvis.

Reproductive System

N/A.

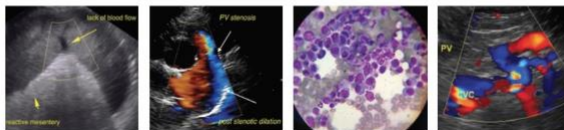
Adrenal Glands

Left – normal position with a mottled echogenic appearance, and normal size of the caudal pole (0.62 cm). Irregular/nodular appearance and enlarged cranial pole (0.8 x 1.4 cm).

Right – normal shape, echogenic appearance, position, and size of the caudal pole (0.49 cm). Hyperechoic nodule within the right cranial pole (0.63 x 0.64 cm).

Spleen

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



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Liver

Enlarged with rounded edges, diffuse increased echogenic and nodular appearance, and some loss of portal markings. Nodules are parenchymal, faint hypoechoic, and up to 0.8 cm in size. No masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance 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 (stomach 0.27 cm, duodenum 0.43 cm, jejunum 0.33 cm) and peristalsis, and no distension of the lumen.

Pancreas

Normal size (right 0.9 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Bilateral nodular adenomegaly
- Nodular hepatopathy.

Secondary findings:

- Age-related renal changes.

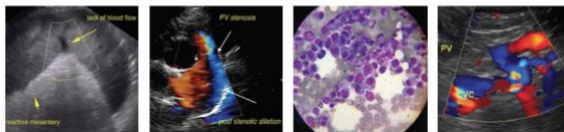
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the adenomegaly would be pituitary-dependent Cushing's disease, and emerging neoplasia (adenoma, carcinoma, pheochromocytoma).

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

Further assessment would be FNA cytology of the liver and mandibular lymph node, adrenal function testing (ACTH/LDDS test), and possibly catecholamine assay.

Specific therapy would be dependent on an etiological diagnosis.



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IMAGES

Liver



Left adrenal



