

**PATIENT**

Zoe Theis

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

FS

**AGE**

13 years

**WEIGHT**

4.3 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Treasure Coast  
Animal Emergency

**REFERRING VET**

Dr Cail

**INVOICE**

302729

**DATE**

2/3/22

**PRESENTING CLINICAL SIGNS**

History: Pancreatitis, grade 2/6 heart murmur. On enalapril and Lasix.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: Normal.

Serum Biochemistry: Normal.

Radiographic Findings: N/A.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with a normal appearance and thickness of the wall. No sediment or uroliths evident.

Normal trigone area, proximal urethra (0.31 cm), and iliac blood vessels.

Normal iliac lymph nodes (2.2 cm). Ureters not visualized.

Normal renal size (left 3.8 cm, right 4.2 cm), echogenic appearance, cortico-medullary differentiation, and capsule. Bilateral pyelectasia (left 0.29 cm, right 0.22 cm).

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, echogenic appearance, and position. Normal size of right gland (0.49/0.62 cm). Enlarged left gland (0.75/ 0.49 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.

**Liver**

Normal size with a diffuse hyperechogenic and nodular appearance, and loss of portal markings. Nodules are hypoechogenic, parenchymal, and up to 1.4 cm in size. Full gall bladder containing small amount of adherent hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.19 cm).



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**Gastrointestinal**

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.44 cm, jejunum 0.34 cm) and peristalsis, and no distension of the lumen. Thickening of the gastric wall at the pylorus (0.58 cm) but with no loss of layering.

**Pancreas**

Normal size (0.8 and 1.2 cm) with a diffuse hyperechogenic appearance. Irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

Mesenteric lymphadenomegaly (0.6 x 1.5 cm) with normal shape and echogenic appearance.

No ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Nodular hepatopathy.
- Pancreatitis/fibrosis.
- Gastric thickening.
- Left adrenomegaly.
- Mesenteric lymphadenomegaly.
- Pyelectasia.

Secondary findings:

- Gall bladder sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the nodular hepatopathy would be nodular regeneration, chronic hepatitis, early cirrhosis, granulomatous disease, and neoplasia.

Etiologies for the gastric thickening would be secondary to the pancreatitis, ulceration, *Helicobacter* gastritis, chronic gastritis, dietary hypersensitivity, parasitic, and inflammatory bowel disease.

Although the appearance of the left adrenal gland may be an incidental finding, emerging neoplasia (adenoma, carcinoma) needs to be considered.

The mesenteric lymphadenomegaly is most likely reactive secondary to the pancreatic and gastric changes, with lymphadenitis and infiltrative neoplasia, unlikely differential diagnosis.



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Although the pyelectasia is most likely an incidental age-related change, early pyelonephritis needs to be considered.

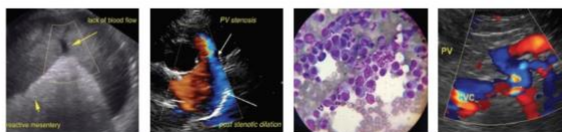
Further assessment would be urine and fecal analysis, urine culture, PSL/cPL assay, FNA cytology of the liver and possibly gastroscopy with biopsies

Specific therapy would be dependent on an etiological diagnosis and correlated with the presenting clinical signs and physical examination findings.

**IMAGES**

**Stomach**





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**Liver**



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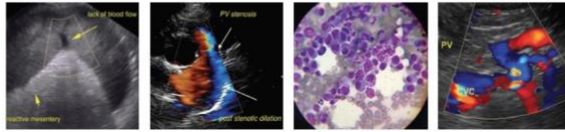
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**Pancreas**





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**Left adrenal**



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**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)**  
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