



PATIENT PRESENTING CLINICAL SIGNS

Rufus Bennett History: PuPd.
Physical Examination: N/A.
SPECIES Urinalysis: N/A.
Canine CBC: Thrombocytosis.
BREED Serum Biochemistry: Elevated ALP activity. LDDS test consistent with Cushing's disease.
Maltese Mix Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN *Urinary System*

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

WEIGHT Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels.

20 # Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.7 cm, right 4.8 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

INTERPRETED BY *Reproductive System*

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM
Small hypoechoic prostate (0.8 cm).

Adrenal Glands

Normal position with a hypoechoic appearance, rounded shape, and enlarged. Left 0.82/0.61 cm, right 0.82/0.65 cm.

IMAGING PERFORMED BY *Spleen*

Sonya Myers, DVM
Normal size (1 cm) with normal echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

HOSPITAL NAME *Liver*

Lake Emma Animal Hospital
Enlarged with rounded edges, hyperechogenic appearance, loss of portal markings, and regular curvilinear capsule. FNA taken with no obvious post aspirate hemorrhage. No nodules or masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).

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DATE
3/2/23



PATIENT *Gastrointestinal*

Rufus Bennett Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.41 cm, duodenum 0.5 cm, colon 0.12 cm) and peristaltic activity, and no distension of the lumen. Segmental thickened of the small intestine (0.53 cm) with no loss of layering or distension of the lumen.

SPECIES

Canine

Pancreas

BREED

Maltese Mix

Normal size (right 1.2 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

SEX

Normal mesenteric lymph nodes (1 cm).

MN

No ascites evident.

Age

ULTRASONOGRAPHIC FINDINGS

11 years

Primary Findings:

WEIGHT

20 #

- Bilateral adenomegaly.
- Hepatopathy.
- Enteropathy.

INTERPRETED BY

Secondary Findings:

- Gall bladder sediment.
- Age-related renal changes.

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ECVIM

IMAGING PERFORMED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonya Myers, DVM

The appearance of the adrenal glands is typical for pituitary-dependent Cushing's disease.

HOSPITAL NAME

The most likely etiology for the hepatopathy would be metabolic secondary to the Cushing's disease.

Lake Emma Animal Hospital

REFERRING VET

Although the enteropathy may be an incidental finding, non-specific enteritis (dietary indiscretion, toxins, viral) inflammatory bowel disease, parasitic enteritis, granulomatous enteritis, and dietary hypersensitivity needs to be considered.

Dr Wilder

INVOICE

Further assessment that could be considered would be fecal analyses and if there are compatible clinical signs of GI tract disease then cobalamin assay and endoscopy of the upper GI tract with biopsies.

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Specific therapy would be trilostane or Lysodren therapy. Ursodiol can be considered for both the liver and gall bladder.

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PATIENT

Rufus Bennett

SPECIES

Canine

BREED

Maltese Mix

SEX

MN

Age

11 years

WEIGHT

20 #

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IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Lake Emma Animal Hospital

REFERRING VET

Dr Wilder

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IMAGES

Left adrenal



Liver





PATIENT Small intestine

Rufus Bennett

SPECIES

Canine

BREED

Maltese Mix

SEX

MN

Age

11 years

WEIGHT

20 #



INTERPRETED BY

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

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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Sonya Myers, DVM

HOSPITAL NAME

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