

PATIENT

Ozward Koontz

SPECIES

Canine

BREED

French bulldog

SEX

MN

AGE

6 years

WEIGHT

41 #

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sonya Myers, DVM

HOSPITAL NAME

Southside Veterinary
Hospital

REFERRING VET

Dr Kilpatrick

INVOICE

302838

DATE

3/25/22

PRESENTING CLINICAL SIGNS

History: Cluster seizures – on phenobarbitone and Kepra.

Physical Examination: N/A.

Urinalysis: Bilirubin crystals.

CBC: Normal.

Serum Biochemistry: Normal.

Radiographic Findings: Elevated ALT activity, bile acids pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small 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, and iliac blood vessels.

Normal iliac lymph nodes (1.7 cm). Ureters not visualized.

Normal renal size (left 5.4 cm, right 5.3 cm), echogenic appearance, cortico-medullary differentiation, capsule, and pelvis.

Reproductive System

Small hypoechoic prostate.

Adrenal Glands

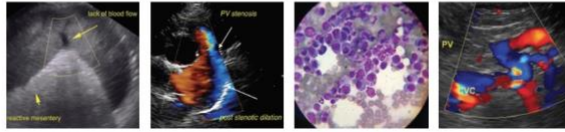
Normal shape, echogenic appearance, and position but bilaterally enlarged. Left 0.84/0.75 cm, right 0.73/1 cm

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

Small in size with normal echogenic appearance and portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.19 cm)



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, duodenum small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.43 cm, jejunum 0.44 cm) and peristalsis, and no distension of the lumen. Mild segmental thickening of the stomach (up to 0.56 cm) but with no loss of layering.

Pancreas

Normal size (1 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.

No ascites.

Normal size of the portal vein (0.8 cm), aorta (0.95 cm), and caudal vena cava (0.92 cm) with no obvious turbulent flow.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Bilateral adrenomegaly.
- Micro-hepatica.
- Gastric thickening.

Secondary findings:

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Although the micro-hepatic may be an incidental finding, primary portal vein hypoplasia, portosystemic shunt, and fibrosis needs to be considered.

Etiologies for the gastric thickening would be chronic gastritis, parasites, ulcerative disease, *Helicobacter* gastritis, and inflammatory bowel disease; with emerging neoplasia a less likely differential diagnosis.

Further assessment would be fecal analysis, adrenal function testing (if there are compatible clinical signs of Cushing's disease and a low urine SG), CT angiography and liver biopsy (if the bile acids are abnormal), and gastroscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



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IMAGES

Liver



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.

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