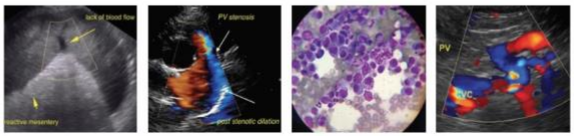



**PATIENT**
Athena Grateful Dog Haven

**SPECIES**
Canine

**BREED**
Pit bull Mix

**SEX**
FS

**AGE**
4 years

**WEIGHT**
50 #

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

**IMAGING PERFORMED BY**
Lara Wiseman, DVM

**HOSPITAL NAME**
Village Royale Animal Clinic

**REFERRING VET**

**INVOICE**
302861

**DATE**
4/2/22

## PRESENTING CLINICAL SIGNS

History: N/A.

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 appearance and thickness of the wall. Moderate amount of floating hyperechogenic sediment. No uroliths evident.

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

Iliac lymphadenomegaly (1 x 2.5 cm) with normal shape and increased echogenic appearance. Ureters not visualized.

Normal renal size (left 6.3 cm, right 6.7 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

### *Reproductive System*

N/A.

### *Adrenal Glands*

Normal shape, echogenic appearance, and position but enlarged. Left 0.94 cm, right 0.78 cm.

### *Spleen*

Normal size (0.7 cm) with normal echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

### *Liver*

Normal size, echogenic appearance and portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.28 cm).

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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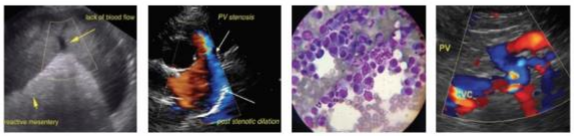

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MobileVeterinaryImaging.net 772-8881553

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### *Gastrointestinal*

Normal appearance of the gastro-esophageal junction, stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.33 cm) and peristalsis, and no distension of the lumen. Diffuse thickening of the duodenum (0.58 cm) and small intestine (0.7 cm) with mucosal stippling but no loss of layering or distention of the lumen.

### *Pancreas*

Enlarged (1.5 cm) with a mottled echogenic appearance. Irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

### *Free Abdomen*

No mesenteric lymphadenomegaly.
Moderate amount of acellular ascites.

### *Thorax*

Normal appearance of the heart.
No pericardial or pleural effusion.

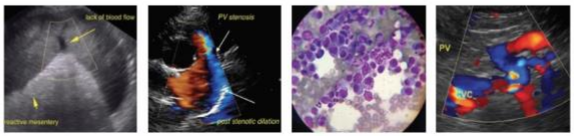
## ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Enteropathy.
- Pancreatitis.
- Iliac lymphadenomegaly.
- Renal disease.
- Bilateral adrenomegaly.
- Ascites.

Secondary findings:

- Urinary bladder sediment.





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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be primary lymphangectasia, inflammatory bowel disease, parasitic enteritis, and dietary hypersensitivity, with merging lymphoma a less likely differential diagnosis.

The appearance of the pancreas is indicative of pancreatitis.

Etiologies for the iliac lymph node would be reactive and lymphadenitis, with infiltrative neoplasia a less likely differential diagnosis.

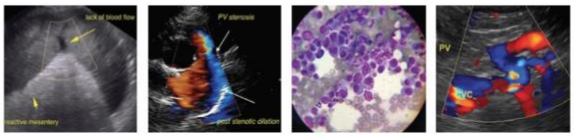
Etiologies for the renal disease would be acute kidney injury, bacterial nephritis, early chronic kidney disease, Leptospirosis.

The most likely etiology for the adrenomegaly would be disease stress with emerging pituitary-dependent Cushing's disease a differential diagnosis.

Likely etiologies for the ascites would be hypoalbuminemia and secondary to the pancreatitis.

Initial further assessment would be fecal and urine analysis, urine culture, serum biochemistry, cPL/PSL assay, analysis of the ascitic fluid, and *Leptospira* titers/PCR. Additional assessment that could be considered would be endoscopy of the upper GI tract with biopsies and adrenal function testing.

Specific therapy would be dependent on an etiological diagnosis





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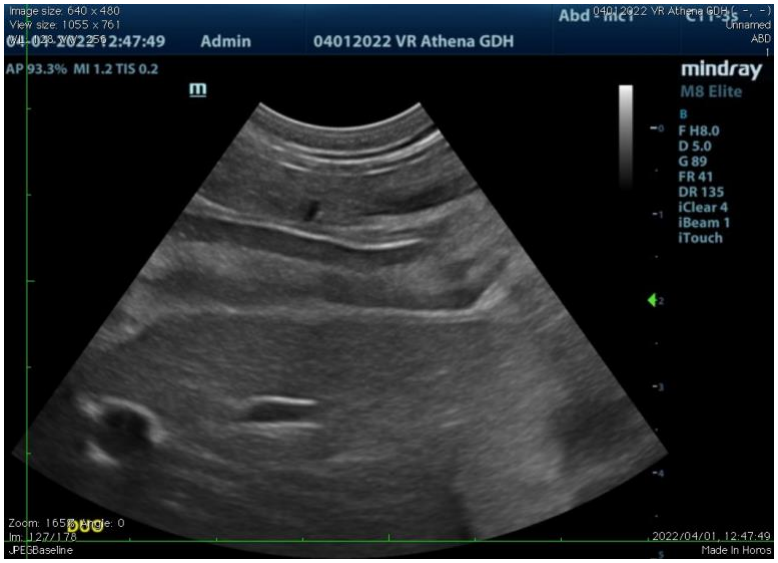
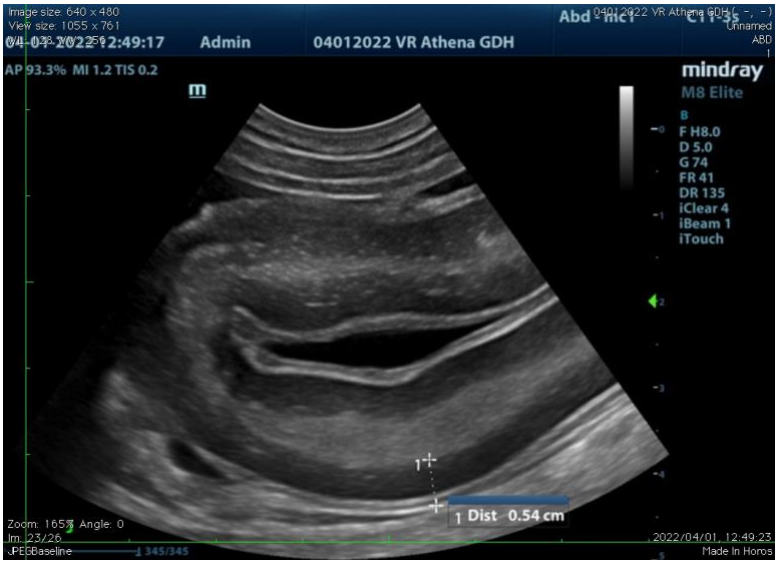
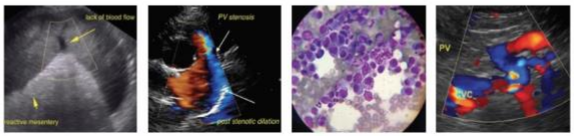
## IMAGES

### Duodenum




### Jejunum







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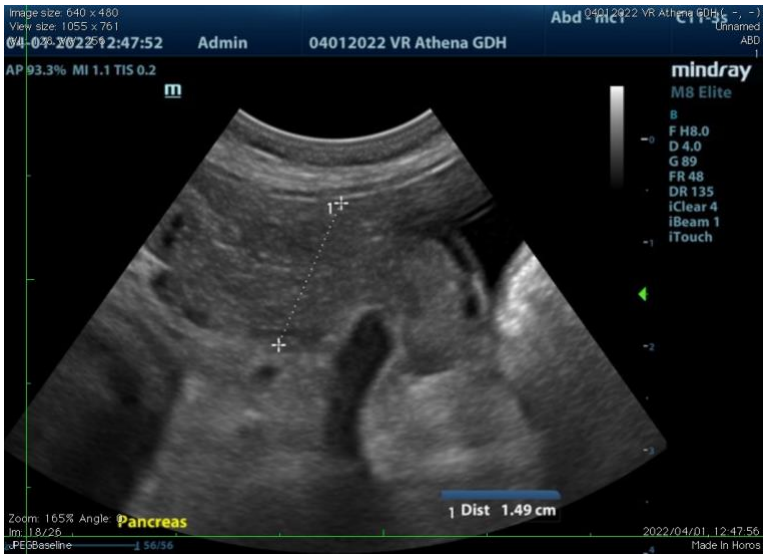
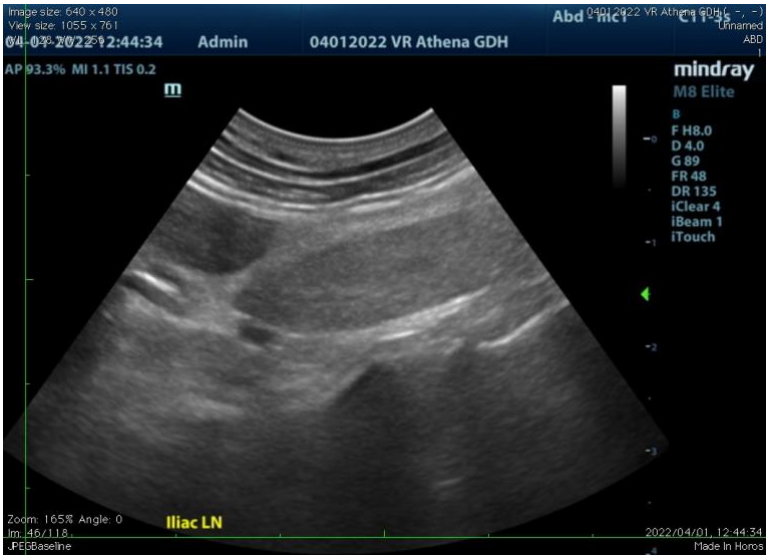
**Pancreas**




**Iliac lymph node**




**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