



PATIENT PRESENTING CLINICAL SIGNS

Babe Ruth Logotto History: Recently diagnosed diabetic. Long-standing heart murmur.

SPECIES Physical Examination: Heart murmur.

Canine Urinalysis: Hypersthenuria, glycosuria.

CBC: N/A.

BREED Serum Biochemistry: Hyperglycemia, elevated ALP activity, normal fructosamine.

Mixed breed Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS

AGE *Urinary System*

8 years Full urinary bladder with a normal thickness and appearance of the wall. Large amount of floating hyperechogenic sediment. No uroliths evident.

WEIGHT Normal trigone area, proximal urethra, and iliac blood vessels.

24.7 kg Normal iliac lymph nodules (1.3 cm and 1.6 cm). Ureters not visualized.

Normal renal size (left 6.9 cm, right 7.2 cm), echogenic appearance, cortico-medullary differentiation, capsule, blood flow, and pelvis.

INTERPRETED BY *Reproductive System*

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

N/A.

IMAGING PERFORMED BY *Adrenal Glands*

Dr Alastair Westcott,
DVM

Normal shape, echogenic appearance, and position. Normal size of the left gland (2.48 x 0.61/0.58 cm). Enlarged cranial pole of the right gland (2.7 x 0.63/0.93 cm).

HOSPITAL NAME *Spleen*

Normal size (1.9 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

REFERRING VET *Liver*

Dr Alastair Westcott,
DVM

Normal size with a diffuse hyperechogenic appearance, and loss of portal markings. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

INVOICE *Gastrointestinal*

302908

DATE Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.73 cm, jejunum 0.53 cm, colon 0.18 cm) and peristaltic activity, and no distension of the lumen.

4/14/22



PATIENT *Pancreas*

Babe Ruth Logotto Normal size (right 1.3 cm, left 1.1 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine No mesenteric lymphadenomegaly.
No ascites.

BREED

Mixed breed

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings:

FS

- Hepatopathy.
- Right adrenomegaly.
- Urinary bladder sediment.

AGE

8 years

Secondary Findings:

WEIGHT

24.7 kg

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

The most likely etiology for the hepatopathy would be secondary to the diabetes with reactive, hepatitis, and infiltrative neoplasia differential diagnoses.

Remo Lobetti, BVSc,
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Dipl. ECVIM

Although the right adrenomegaly may be an incidental finding, emerging Cushing's disease needs to be considered.

IMAGING PERFORMED BY

Etiologies for the urinary bladder sediment would be bacterial cystitis and crystalluria.

Dr Alastair Westcott,
DVM

Further assessment would be urine sediment cytology and urine culture. Monitoring of the right adrenal gland would be indicated and followed up with ACTH/LDDS test if there is progressive enlargement and/or poor diabetic control.

HOSPITAL NAME

The normal fructosamine is most likely that the diabetes has only been present for a short period of time (less than 10-14 days), alternatively may be appear normal if there is hypoalbuminemia.

REFERRING VET

Further specific therapy would be dependent on an etiological diagnosis.

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PATIENT

Babe Ruth Logotto

SPECIES

Canine

BREED

Mixed breed

SEX

FS

AGE

8 years

WEIGHT

24.7 kg

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IMAGING PERFORMED BY

Dr Alastair Westcott,
DVM

HOSPITAL NAME

REFERRING VET

Dr Alastair Westcott,
DVM

INVOICE

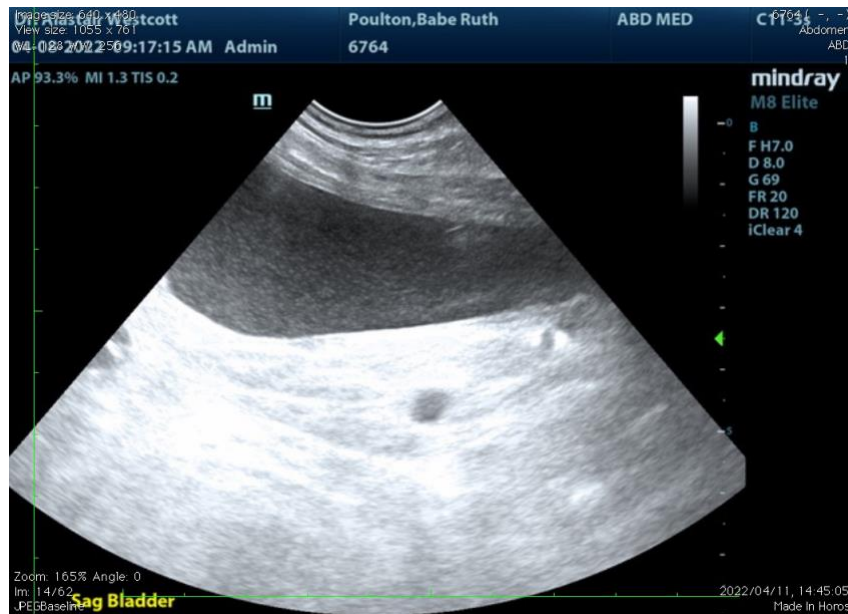
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IMAGES

Urinary bladder



Liver





PATIENT Right adrenal

Babe Ruth Logotto

SPECIES

Canine

BREED

Mixed breed

SEX

FS

AGE

8 years

WEIGHT

24.7 kg



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)
rlobetti@mweb.co.za

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Dr Alastair Westcott,
DVM

HOSPITAL NAME

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DVM

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