



**PATIENT PRESENTING CLINICAL SIGNS**

Trinity Conrad  
History: Vomiting.  
Physical Examination: N/A.  
**SPECIES**  
Canine  
Urinalysis: N/A.  
CBC: N/A.  
**BREED**  
Dachshund  
Serum Biochemistry: N/A.  
Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

FS  
**Age**  
15 years  
Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.  
**WEIGHT**  
Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels.  
Normal iliac lymph nodes (1.3 cm). Ureters not visualized.  
Normal renal size (left 4.3 cm, right 4.6 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule. Bilateral pinpoint mineralization.

**INTERPRETED BY**

Remo Lobetti, BVSc,  
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**Reproductive System**

N/A.

**Adrenal Glands**

Normal position with increased echogenic appearance, rounded shape, and enlarged. Left 0.78/0.55 cm, right 0.7/1.1 cm. Hyperechogenic parenchymal nodule (0.9 x 1 cm) in the cranial pole of the right gland.

**Spleen**

Normal size (1.8 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**Liver**

Enlarged with rounded edges, hyperechogenic appearance, loss of portal markings, and regular curvilinear capsule. Nodules are parenchymal, vary from hypo-to hyperechogenic, and up to 0.6 cm in size. No masses evident.

**Gall bladder**

Full containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.2 cm).

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Copper Point Veterinary  
Hospital

**REFERRING VET**

Dr Privette

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**DATE**

4/6/23



**PATIENT** *Gastrointestinal*

Trinity Conrad

Thickening of the stomach (0.7 cm), duodenum (0.72 cm) and small intestine (0.5 cm) with no loss of layering or distension of the lumen. Diffuse mucosal stippling of the small intestine. Normal appearance and thickness of the ileo-cecal junction and colon (0.14 cm).

**SPECIES**

Canine

*Pancreas*

**BREED**

Dachshund

Enlarged (left 1.4 cm, right 2.9 cm) with a mottled echogenic appearance and irregular capsule. Visible pancreatic duct. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

*Free Abdomen*

**SEX**

FS

Mesenteric lymphadenomegaly (0.5 x 1.8 cm and 2.6 cm) with normal shape and echogenic appearance.

**Age**

15 years

No ascites evident.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

Primary Findings:

- Pancreatitis.
- Gastroenteropathy.
- Nodular hepatopathy.
- Adrenomegaly.
- Right adrenal nodule.
- Mesenteric lymphadenomegaly.

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Secondary Findings:

- Gall bladder sediment.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the gastroenteropathy would be primary lymphangectasia, *Helicobacter* gastritis, parasitic enteritis, inflammatory bowel disease, dietary hypersensitivity, ulcerative disease, and emerging lymphoma.

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Etiologies for the liver would be reactive, nodular hyperplasia, chronic hepatitis, granulomatous disease, and infiltrate neoplasia.

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

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Etiologies for the right adrenal nodule would be incidental non-functional adenoma and emerging carcinoma.

Etiologies for the lymph nodes would be reactive, lymphadenitis, and infiltrative neoplasia.

Initial further assessment would be urine and fecal analyses, serum biochemistry, and cPL/PSL assay; with additional diagnostics that could be considered being FNA cytology of the liver and lymph nodes, ACTH stimulation/LDDS test, and endoscopy of the upper GI tract with biopsies.



**PATIENT**

Specific therapy would be dependent on an etiological diagnosis. As the urinary bladder masses are away from the trigone area, surgical excision should be considered.

Trinity Conrad

**SPECIES**

Canine

**IMAGES**

**Liver**

**BREED**

Dachshund

**SEX**

FS

**Age**

15 years

**WEIGHT**

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**Jejunum**

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**PATIENT** Right adrenal

Trinity Conrad

**SPECIES**

Canine

**BREED**

Dachshund

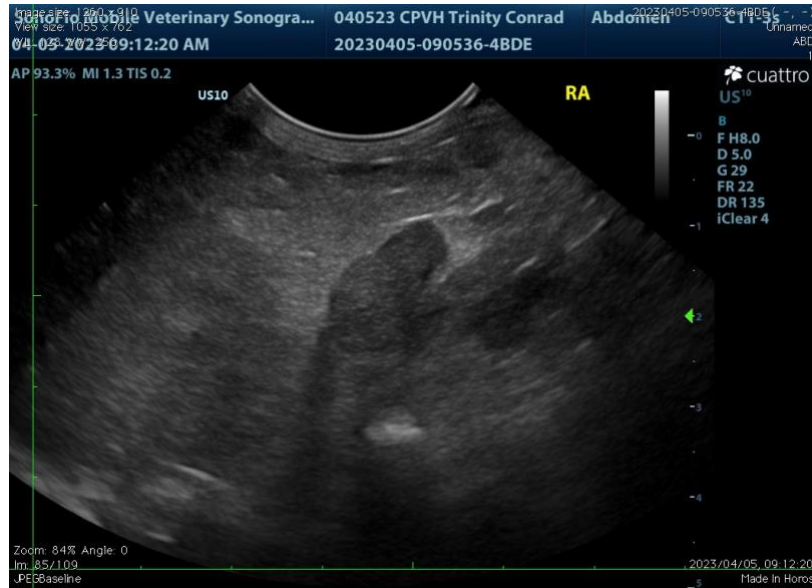
**SEX**

FS

**Age**

15 years

**WEIGHT**



**Pancreas**

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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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