



PATIENT PRESENTING CLINICAL SIGNS

Pogo Leon
History: Diarrhea.
Physical Examination: N/A.
SPECIES
Canine
Urinalysis: N/A.
CBC: N/A.
BREED
JRT
Serum Biochemistry: Elevated ALT and ALP activity.
Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN
Age
13 years
Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment evident. Small uroliths present (0.8 cm).
WEIGHT
Normal trigone area, proximal urethra (0.4 cm) and iliac blood vessels.
Normal iliac lymph nodes. Ureters not visualized.
Normal renal size (left 5.3 cm, right 5.8 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule. Incidental bilateral mineralization.

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Reproductive System

Small hypoechoic prostate (0.9 cm).

Adrenal Glands

Left – normal position, echogenic appearance, shape, and size (0.57/0.62 cm).
Right – normal position with increased echogenic appearance, rounded shape, and enlarged (0.88 cm). Ill-defined hyperechogenic parenchymal nodule (1.5 x 2 cm) in the cranial pole.

Spleen

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

Liver

Normal size with a hyperechogenic and nodular appearance, some loss of portal markings, and regular curvilinear capsule. Nodules are hypoechoic parenchymal, and up to 1.2 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).

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Dr Martinez

INVOICE

304098

DATE

4/8/23



PATIENT *Gastrointestinal*

Pogo Leon Thickening of the stomach (0.78 cm), duodenum (0.57 cm), and small intestine (0.57 cm) with no loss of layering or distension of the lumen. Normal appearance and thickness of the ileo-cecal junction and colon (0.12 cm).

SPECIES

Canine

Pancreas

BREED

Normal size (left 1.8 cm, right 1.2 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

JRT

Free Abdomen

SEX

Normal mesenteric lymph nodes (2.9 cm).
No ascites evident.

MN

Age

13 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Nodular hepatopathy.
- Gastroenteropathy.
- Right adrenomegaly.
- Right adrenal nodule.

WEIGHT

Secondary Findings:

- Gall bladder sediment.
- Uroliths.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive, nodular hyperplasia, vacuolar, chronic hepatitis, granulomatous hepatitis, and infiltrative neoplasia.

Etiologies for the gastroenteropathy would be non-specific gastroenteritis (dietary indiscretion, viral, toxins), parasitic, inflammatory bowel disease, *Helicobacter* gastritis, ulcerative disease, dietary hypersensitivity, granulomatous disease, and emerging lymphoma.

Etiologies for the right adrenomegaly would be disease stress and Cushing's disease.

Etiologies for the right adrenal nodule would be nodular hyperplasia, incidental non-functional adenoma, and emerging neoplasia (carcinoma, pheochromocytoma).

Further assessment would be urine and fecal analyses, urine culture, FNA cytology of the liver, and possibly endoscopy of the upper GI tract with biopsies and adrenal function testing (ACTH stimulation/LDDS test, serial blood pressure, and urine/plasma catecholamine assay). Tru-Cut/wedge biopsy of the liver may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.



PATIENT

Pogo Leon

SPECIES

Canine

BREED

JRT

SEX

MN

Age

13 years

WEIGHT

IMAGES

Liver



Right adrenal



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PATIENT **Stomach**

Pogo Leon

SPECIES

Canine

BREED

JRT

SEX

MN

Age

13 years

WEIGHT



Duodenum

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PATIENT Urinary bladder

Pogo Leon

SPECIES

Canine

BREED

JRT

SEX

MN

Age

13 years

WEIGHT



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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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