

**PATIENT PRESENTING CLINICAL SIGNS**

Chance Sundar

History: Chronically elevated liver enzyme activity.

SPECIES

Physical Examination: N/A.

Canine

Urinalysis: N/A.

BREED

CBC: N/A.

Mixed

Serum Biochemistry: Elevated ALT and ALP activity.

Radiographic Findings: N/A.

SEX**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

MN

Urinary System**Age**

Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

12 years

WEIGHT

Normal trigone area, proximal urethra (0.7cm) and iliac blood vessels.

78 #

Normal iliac lymph nodes. Ureters not visualized.

INTERPRETED BY

Normal renal size (left 7.3 cm, right 7.5 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

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

Small hypoechogenic prostate (1.2 cm).

IMAGING PERFORMED BY**Adrenal Glands**

Normal position, echogenic appearance, and shape. Enlarged left gland (0.73/0.69 cm), normal size of right gland (0.58/0.62 cm).

Sonya Myers, DVM

HOSPITAL NAME**Spleen**

Normal size (2.6 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

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Springs**REFERRING VET****Liver**

Enlarged with rounded edges, hyperechogenic appearance, some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. FNA taken with no obvious post aspirate hemorrhage.

Dr Williams

INVOICE**Gall bladder**

304181

DATE

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

5/2/23


PATIENT *Gastrointestinal*

Chance Sundar
 Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.43 cm, colon 0.19 cm) and peristalsis, and no distension of the lumen. Thickening of the duodenum (0.61 cm) and mild thickening of the small intestine (0.46 cm) with no loss of layering or distension of the lumen. Ingesta within the stomach.

SPECIES

Canine

Pancreas
BREED

Mixed

Normal size (left 1.6 cm, right 1.5 cm) with a mottled echogenic appearance and irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

MN

Normal mesenteric lymph nodes (1.7 cm).
 No ascites evident.

Age

12 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

WEIGHT

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- Hepatopathy.
- Enteropathy
- Chronic pancreatitis vs fibrosis.
- Left adrenomegaly.

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

Secondary Findings:

- Gall bladder sediment.

IMAGING PERFORMED BY

Sonya Myers, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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Etiologies for the enteropathy would be non-specific enteritis (dietary indiscretion, toxins, viral) parasitic enteritis, inflammatory bowel disease, and dietary hypersensitivity with emerging lymphoma a less likely differential diagnosis.

REFERRING VET

Dr Williams

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

INVOICE

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Further assessment needs to be based on the pending cytology results could include fecal analysis, cobalamin assay, cPL/PSL assay, adrenal function testing (ACTH/LDDS suppression test) and possibly endoscopy of the upper GI tract with biopsies. Tru-Cut/wedge biopsy of the liver may be required for a final etiological diagnosis.

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy of the liver would be ursodiol.



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IMAGES

Liver



Duodenum



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Sonya Myers, DVM

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PATIENT Pancreas

Chance Sundar

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 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)
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IMAGING PERFORMED BY

Sonya Myers, DVM

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