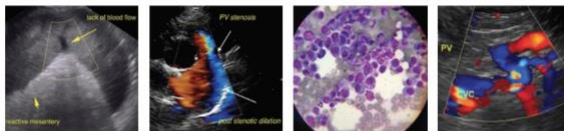


PATIENT
Princess Rosenthal

SPECIES
Canine

BREED
Chihuahua

SEX
FS

AGE
16½ years

WEIGHT
10.6 #

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

IMAGING PERFORMED BY
Lara Wiseman, DVM

HOSPITAL NAME
Boca Midtowne Animal Hospital

REFERRING VET
Dr Boazman

INVOICE
302957

DATE
5/11/22

PRESENTING CLINICAL SIGNS

History: Mild chronic weight loss past 18 months. Previous pancreatitis and pyloric mural leiomyoma removed 2 years ago. On a low fat diet.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: Mild azotemia.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.7 cm, right 3.3 cm) with increased echogenic appearance, some loss of loss of cortico-medullary differentiation, and normal capsule. Bilateral pyelectasia (left 0.6 cm, right 0.38 cm).

Reproductive System

N/A.

Adrenal Glands

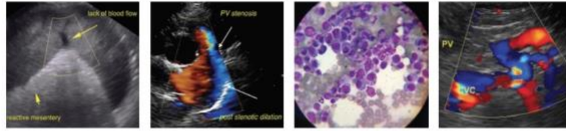
Bilateral masses with abnormal shape, mottled echogenic appearance, and irregular capsule. Left 2.3 x 1.15/0.6 cm, right 1.5 x 1.5 cm. No obvious infiltration into the surrounding vasculature.

Spleen

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

Liver

Enlarged with rounded edges, diffuse coarse mottled and nodular echogenic appearance, and loss of portal markings. Nodules are small, parenchymal, and isoechogenic. No masses evident. Full gall bladder containing large amount of hyperechogenic non-adherent sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, duodenum, small intestine ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.44 cm, jejunum 0.4 cm) and peristalsis, and no distension of the lumen. Two focal nodules in the gastric wall (1.3 cm and 0.8 cm) with the rest of wall having a normal appearance and no loss of layering. Moderate amount of ingesta within the stomach.

Pancreas

Normal size (right 1.1 cm) with a hypoechogenic appearance. Regular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

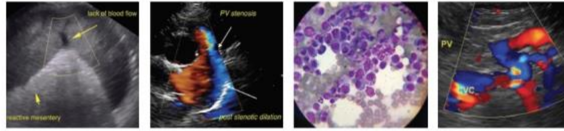
ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Renal disease.
- Bilateral adrenal masses.
- Gastric nodules.
- Hepatopathy.
- Pancreatitis.

Secondary findings:

- Gall bladder sediment.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic renal disease with pyelonephritis a differential diagnosis.

Etiologies for the adrenal masses would be functional/non-functional carcinoma and pheochromocytoma.

Etiologies for the gastric nodules would be reaction from the previous surgery, neoplasia, and granuloma.

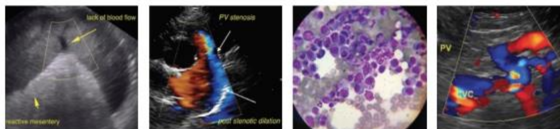
Etiologies for the hepatopathy would be reactive, hyperplasia, metabolic, chronic hepatitis, nodular regeneration, and infiltrative neoplasia.

Etiologies for the pancreas would be pancreatitis and most likely acute on chronic.

Although the gallbladder sediment is most likely an incidental finding, monitoring for the development of a mucocele would be recommended.

Further assessment would be urinalysis, urine culture, cPL/PSL assay, 3-view thoracic radiographs, adrenal function testing (ACTH/LDDS test), blood pressure, urine catecholamines, and FNA cytology of the liver, adrenal masses, and gastric nodules.

Specific therapy would be dependent on an etiological diagnosis.



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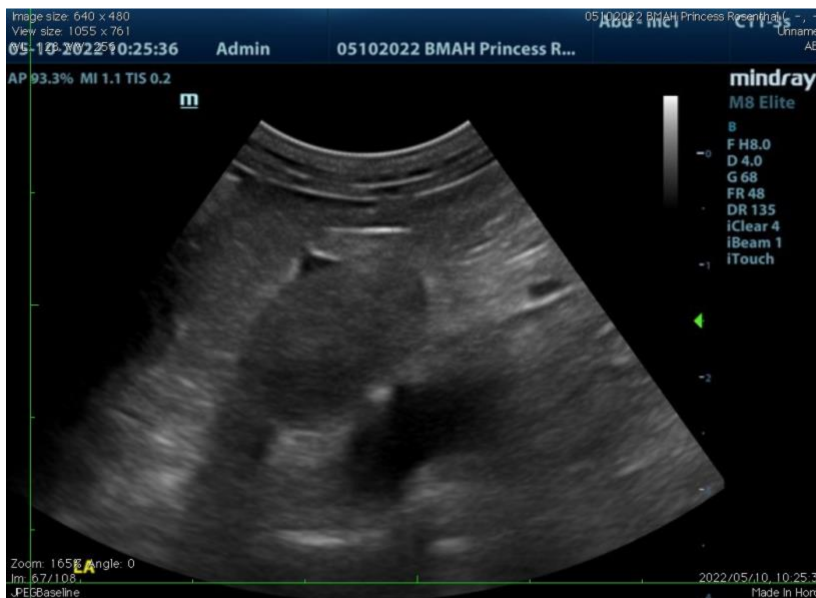
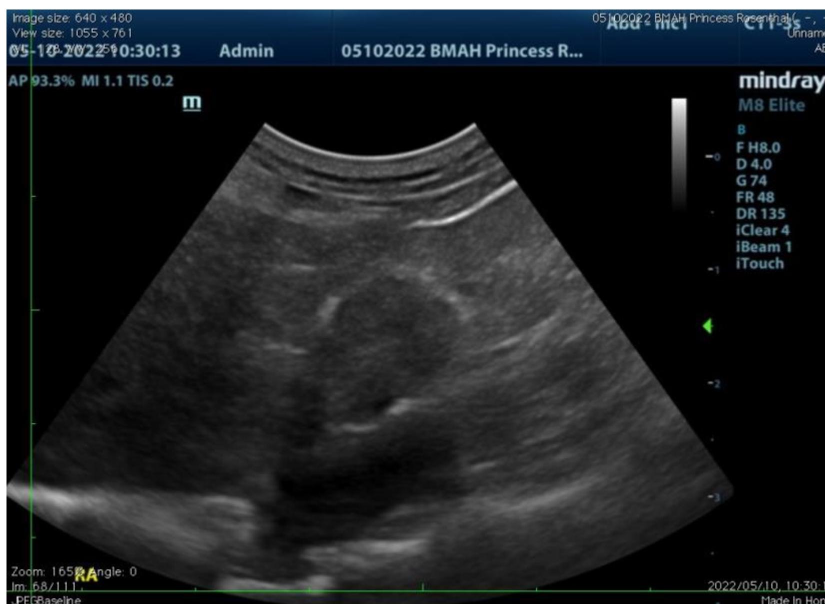
IMAGES

Left adrenal



Right adrenal



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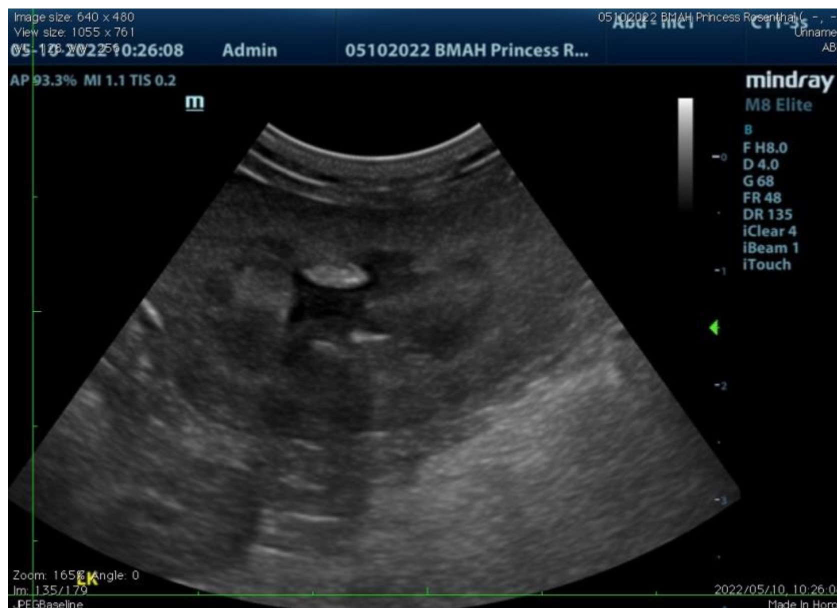
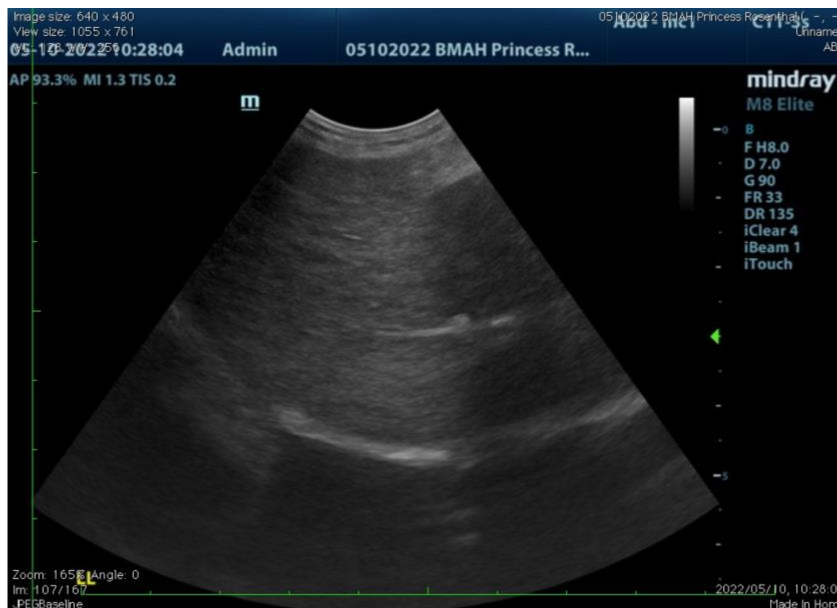
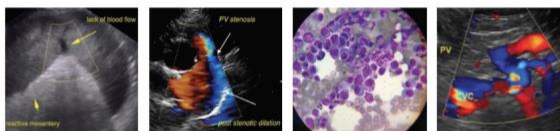
Left kidney



Liver





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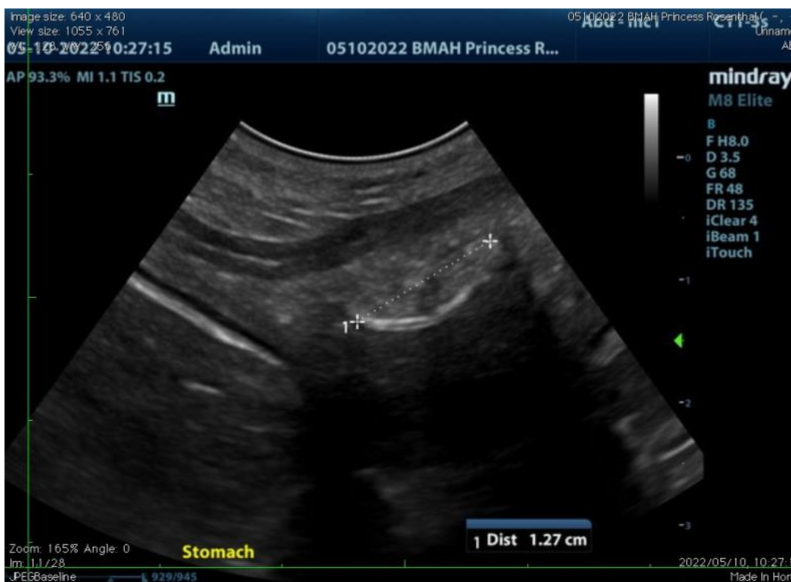
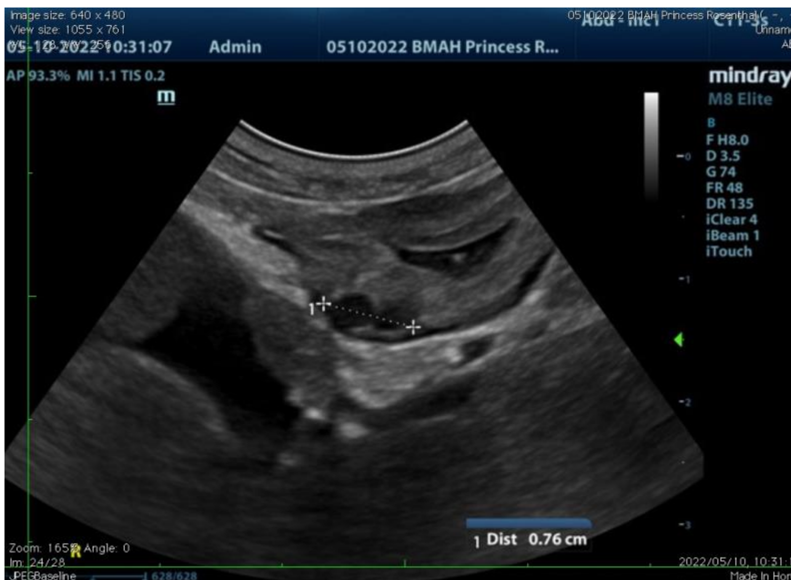
Stomach





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