



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Indigo Morrissey
History: Chronically elevated ALP activity, previously elevated ALT activity but now resolved. On Denosyl and ursodiol.

SPECIES Canine
Physical Examination: LS disease, OA of toes, multiple lipomas, otherwise well

Urinalysis: N/A.

BREED Doberman
CBC: Normal.
Serum Biochemistry: Elevated ALT activity.

Radiographic Findings: N/A.

SEX

FS

AGE

11 years

WEIGHT

35.4 kg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and appearance 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 (right 0.4 cm, left 0.5 cm). Ureters not visualized.

Normal renal size (left 6.9 cm, right 6.5 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, and position but plump in size. Left 0.8/0.86 cm, right 0.87/0.8 cm.

Spleen

Normal size with a diffuse mottled echogenic and nodular appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size with an increased echogenic and coarse appearance, and prominent portal markings. Parenchymal nodules varying in size (up 1.7 cm) and echogenicity (hypo-to-hyperechoic). No masses evident. Full gall bladder containing moderate amount of hyperechoic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Nigel Gumley

HOSPITAL NAME

Cedarview Animal
Hospital

REFERRING VET

Dr Nigel Gumley

INVOICE

302961

DATE

5/12/22



PATIENT *Gastrointestinal*

Indigo Morrissey Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.39 cm, jejunum 0.34 cm, colon 0.2 cm) and peristaltic activity and no distension of the lumen.

SPECIES

Canine *Pancreas*

BREED

Doberman

Normal size and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

FS

No mesenteric lymphadenomegaly.
No ascites.

AGE

11 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Nodular hepatopathy.
- Splenic pathology.
- Plump adrenal glands.

WEIGHT

35.4 kg

Secondary Findings:

- Gall bladder sediment.
- Age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive, vacuolar, metabolic, copper/iron hepatitis, chronic hepatitis, breed-related hepatitis, early cirrhosis, and infiltrative neoplasia.

Etiologies for the spleen would be reactive, splenitis, hyperplasia, granulomatous reaction, and neoplasia.

Etiologies for the plump appearance of the adrenal glands would be incidental finding, disease stress, and emerging Cushing's disease.

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

Further assessment would be FNA cytology of the liver and spleen, and possibly adrenal function testing (ACTH stimulation/LDDS test). Tru-Cut/wedge biopsy may, however, be required for a final etiological diagnosis of the hepatopathy.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be to continue with the Denosyl and ursodiol.

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PATIENT

Indigo Morrissey

IMAGES

Liver

SPECIES

Canine

BREED

Doberman

SEX

FS

AGE

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WEIGHT

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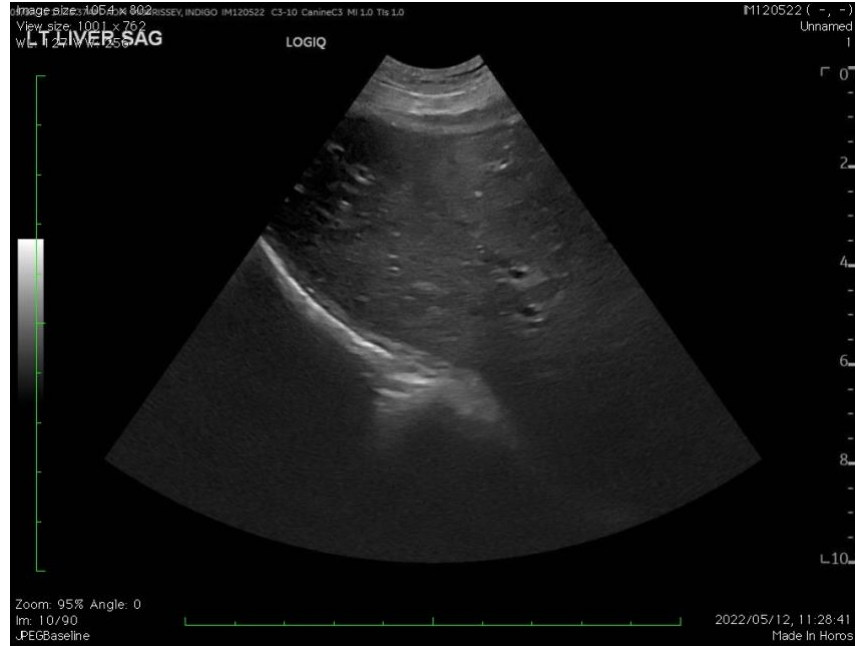
Dr Nigel Gumley

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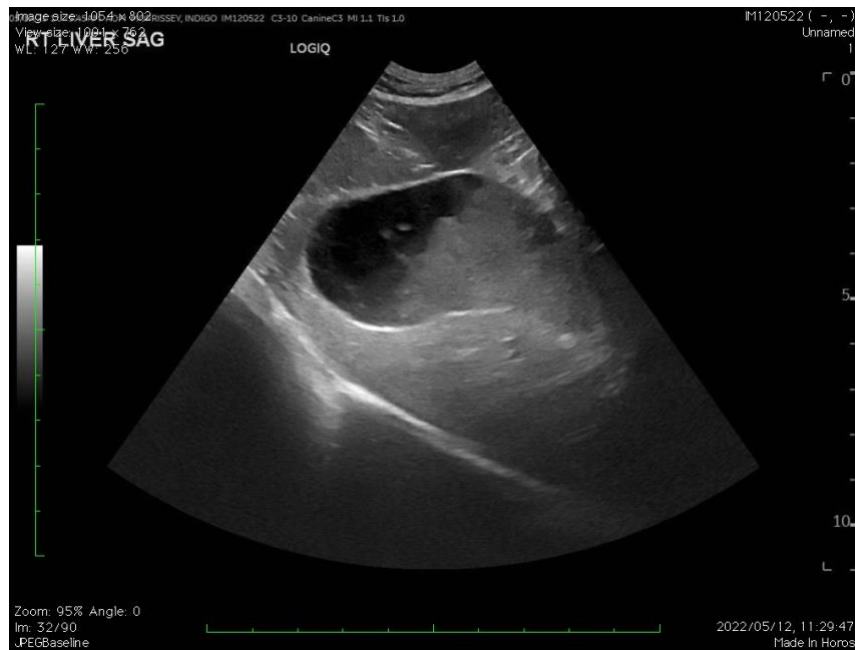
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Gall bladder





PATIENT Spleen

Indigo Morrissey

SPECIES

Canine

BREED

Doberman

SEX

FS

AGE

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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.

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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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