



PATIENT PRESENTING CLINICAL SIGNS

Daisy Clark History: Proteinuria and environmental allergies.

SPECIES Physical Examination: N/A.

Canine Urinalysis: Borderline urine SG.

CBC: N/A.

BREED Serum Biochemistry: Azotemia, elevated SDMA, hyperphosphatemia, hyperkalemia with low Na/K ratio, elevated ALT, GGT and ALP activity, amylase, and lipase. Lepto negative.

Miniature Schnauzer

Radiographic Findings: N/A.

SEX

FS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

Urinary System

11 years

Full urinary bladder with a normal thickness and appearance of the wall. Small amount of floating hyperechogenic sediment. No uroliths evident.

WEIGHT

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

8 kg

Normal iliac lymph nodules. Ureters not visualized.

INTERPRETED BY

Normal renal size (right 6 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, and normal blood flow and capsule. Bilateral pyelectasia and mineralization.

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Dipl. ECVIM

Reproductive System

N/A.

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Adrenal Glands

Dr Alastair Westcott,
DVM

Normal shape and position with a prominent hyperechogenic appearance and plump in size, especially the right gland. Left 0.58 cm, right 0.76 cm.

HOSPITAL NAME

Spleen

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

REFERRING VET

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Liver

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Distended gall bladder containing large amount of adherent and non-adherent hyperechogenic sediment in a stellate pattern. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).

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DATE

5/6/22



PATIENT *Gastrointestinal*

Daisy Clark Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.36 cm, colon 0.22 cm) and peristaltic activity, and no distension of the lumen.

SPECIES

Canine

Pancreas

BREED

Miniature Schnauzer

Normal size (right 0.6 cm, left 1 cm) with an increased echogenic appearance, irregular capsule, and peri-pancreatic edema, especially the caudal aspect of the left lobe. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

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No mesenteric lymphadenomegaly.
No ascites.

AGE

11 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

8 kg

Primary Findings:

- Renal disease.
- Mucocele.
- Pancreatitis.
- Prominent adrenal glands.

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Secondary Findings:

- Urinary bladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is typical for chronic kidney disease with pyelonephritis and bacterial nephritis, differential diagnoses.

HOSPITAL NAME

The appearance of the pancreas is consistent with pancreatitis.

REFERRING VET

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DVM

Although the appearance of the adrenal glands may be an incidental finding and secondary to disease stress, emerging pituitary-dependent Cushing's disease needs to be considered.

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Further assessment would be urinalysis, urine culture, blood pressure, UPC (if urine sediment and culture negative), cPL/PSL assay, and adrenal function testing (ACTH/LDDS test).

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Specific therapy would be dependent on an etiological diagnosis.



PATIENT

Daisy Clark

SPECIES

Canine

BREED

Miniature Schnauzer

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FS

AGE

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WEIGHT

8 kg

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HOSPITAL NAME

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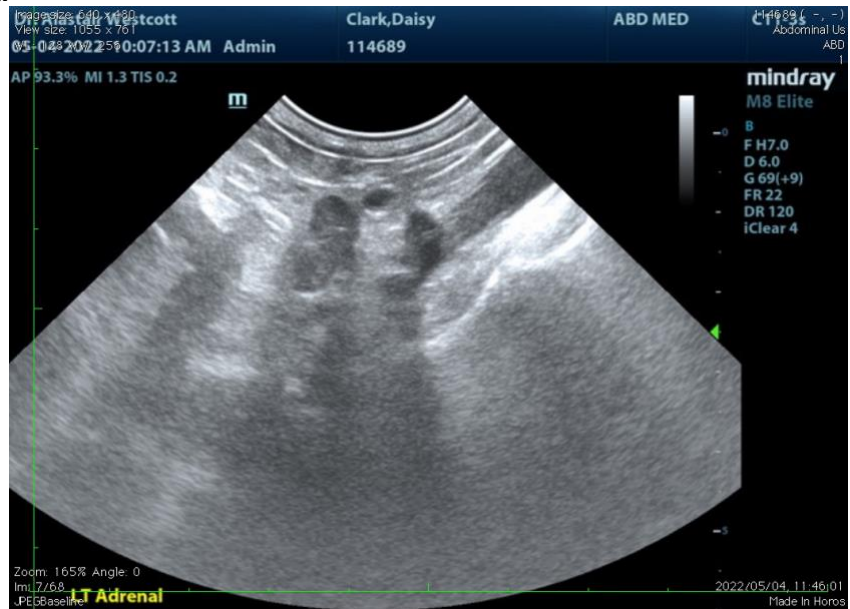
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IMAGES

Left kidney



Left adrenal





PATIENT

Right adrenal

Daisy Clark

SPECIES

Canine

BREED

Miniature Schnauzer

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FS

AGE

11 years

WEIGHT

8 kg



Gall bladder

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HOSPITAL NAME

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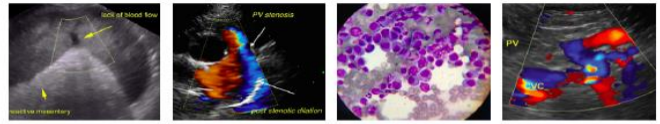
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PATIENT Pancreas

Daisy Clark

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

FS

AGE

11 years

WEIGHT

8 kg



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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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