



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Keela Robertson
SPECIES Canine
BREED Border Collie
SEX FS
AGE 12 years
WEIGHT 10.3 kg

History: Chronic hepatitis that responds to antibiotic therapy but liver enzyme activity increases when off antibiotics. Doing well – normal appetite and weight. Nocturnal cough. Current therapy – prednisolone 7.5mg SID, Aventi Liver ½ tablet BID, 125 mg Ursodiol BID, 5 mg benazepril SID, 10 mg telmisartan SID, and 100 mg Baytril SID, Stilbestrol - 1mg twice weekly Sertraline-SID - severe anxiety Codeine 15mg BID, 1mg Stilbestrol twice weekly, sertraline SID, and 15 mg codeine BID.

Physical Examination: Grade I heart murmur, change in bark. Normal blood pressure.
 Urinalysis: SG 1.013, UPC 2.03 – but has improvement with telmisartan.
 CBC: Non-regenerative anemia.
 Serum Biochemistry: Azotemia, elevated phosphate, liver enzyme activity, and cholesterol.
 Radiographic Findings: Pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a thickened and irregular wall of the apical and dorsal wall with a normal thickness and appearance of the rest 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, with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and pelvis.

Reproductive System

N/A.

Adrenal Glands

Normal shape, position, echogenic appearance, and size.

Spleen

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

Liver

Normal size with a diffuse mottled echogenic appearance, and loss of portal markings. Focal hyperechogenic parenchymal nodule (2 x 2.3 cm) in the left liver lobe. No masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct not visualized

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Hayley Biederbeck,
DVM

HOSPITAL NAME

Lomsnes Veterinary
Hospital

REFERRING VET

Dr Hayley Biederbeck,
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PATIENT *Gastrointestinal*

Keela Robertson Normal appearance of the stomach, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen.

SPECIES *Pancreas*

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

BREED *Free Abdomen*

Border Collie No mesenteric lymphadenomegaly.
Small amount of acellular ascites.

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ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Hepatopathy.
- Hepatic nodule.
- Splenic pathology.
- Renal changes.
- Thickened urinary bladder wall.

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Secondary findings:

- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Etiologies for the hepatopathy would be chronic hepatitis (bacterial, immune-mediated, copper/iron), early cirrhosis, early nodular regeneration, Leptospirosis, and infiltrative neoplasia.

Although the hepatic nodule may merely be an incidental finding, granuloma, organized abscess, organized hematoma, and neoplasia would need to be considered.

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

Although the ultrasound appearance of the kidneys is more consisted with age-related changes, with the biochemistry changes acute kidney injury, bacterial nephritis, Leptospirosis, and hepatorenal syndrome needs to be considered.

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Etiologies for the urinary bladder would be bacterial cystitis, sterile cystitis, and emerging neoplasia.

Although the anemia may be associated with the renal disease, immune-mediated hemolytic anemia and bone marrow suppression from the stilbestrol needs to be considered.

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Further assessment would be urine culture, BRAF assay, *Leptospira* titers/PCR, Coombs'/in-saline-agglutination test, and FNA cytology of the liver, liver nodule, and spleen. Tru-Cut/wedge biopsy of the liver is most likely required for a final etiological diagnosis.

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Specific therapy would be dependent on an etiological diagnosis.



PATIENT IMAGES

Keela Robertson **Liver**

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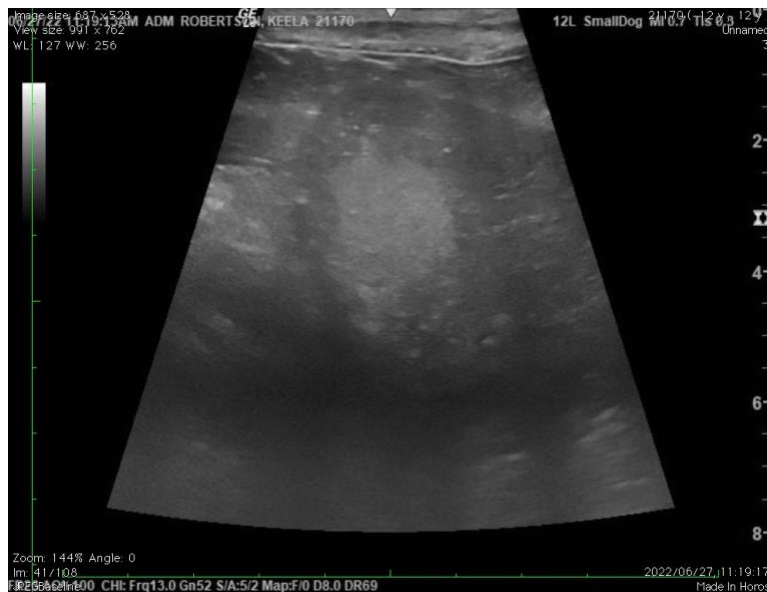
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PATIENT Spleen

Keela Robertson

SPECIES

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Urinary bladder

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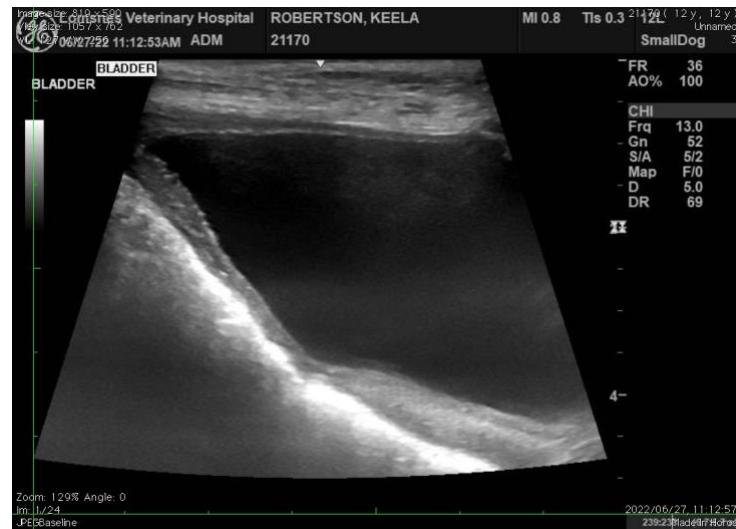
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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