



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Mojo Eichorn  
**SPECIES** Canine  
**BREED** Miniature pincher Mix  
**SEX** MN  
**AGE** 12 years  
**WEIGHT** 30 #

History: Diabetic, anorexia, vomiting.  
 Physical Examination: Tense abdomen, pale tacky mucosa.  
 Urinalysis: UTI.  
 CBC: Leukocytosis.  
 Serum Biochemistry: Elevated liver enzyme activity.  
 Radiographic Findings: N/A.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with an irregular and thickened appearance of the apical wall. Small amount of floating hyperechogenic sediment. No uroliths evident.

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

Normal iliac lymph nodes (1.2 cm). Ureters not visualized.

Renomegaly (left 6.7 cm, right 5.9 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule. Bilateral pyelectasia (left 0.5 cm, right 0.4 cm) with a thickened appearance and hyperechoic appearance of the fat surrounding the pelvis – left worse than the right.

**Reproductive System**

Small hypoechogenic prostate (1.5 cm).

**Adrenal Glands**

Left – normal shape, echogenic appearance, position but enlarged (1/1.1 cm) with a hyperechogenic nodule (1 x 1.3 cm) within the cranial pole.

Right – normal shape, echogenic appearance, position and size (0.6/0.48 cm).

**Spleen**

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

**Liver**

Enlarged with rounded edges, diffuse mottled echogenic appearance, and loss of portal markings. Few parenchymal nodules (up to 1.7 cm) in size. Poorly defined mass (3.7 x 4.7 cm) in the left lateral lobe. Small gall bladder containing small amount of non-adherent hyperechogenic sediment. Thickened and hyperechoic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

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Sonya Myers, DVM

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**REFERRING VET**

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303013

**DATE**

6/6/22



**PATIENT** *Gastrointestinal*

Mojo Eichorn Normal appearance of the stomach, duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (stomach 0.37 cm, duodenum 0.31 cm, jejunum 0.29 cm) and peristaltic activity and no distension of the lumen. Thickening of the colon (0.7 cm) with increased echogenic appearance but no loss layering.

**SPECIES**

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Miniature pincher Mix

**Pancreas**

Enlarged (left 0.6 cm, right 1.4 cm) with a diffuse hypoechogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

**SEX**

Normal mesenteric lymph nodes (3.7 cm).  
No ascites.

MN

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

30 #

Primary Findings:

- Hepatopathy.
- Hepatic masses.
- Pancreatitis.
- Left adrenomegaly with nodule.
- Renal disease.
- Cystitis.
- Colitis.

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Secondary Findings:

- Previous cholecystitis.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the hepatopathy would be secondary to the diabetes, with vacuolar, reactive, hepatitis, nodular regeneration, and infiltrative neoplasia, differential diagnoses.

Etiologies for the hepatic masses would be hyperplasia, nodular regeneration, granulomas, and neoplasia.

The appearance of the pancreas is typical for pancreatitis with regional secondary peritonitis.

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Etiologies for the left adrenal gland would be functional/non-functional adenoma or carcinoma, and emerging pheochromocytoma.

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Etiologies for the kidneys would be chronic kidney disease, bacterial nephritis, pyelonephritis, and acute kidney injury.

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The appearance of the urinary bladder is typical for cystitis, with emerging neoplasia, a differential diagnosis.



**PATIENT**

Etiologies for the colon would be secondary to the pancreatitis, helminths, granulomatous colitis, inflammatory bowel disease, and emerging neoplasia.

Mojo Eichorn

**SPECIES**

Further assessment would be fecal analysis, urine culture, cPL/PSL assay, 3-view thoracic radiographs, FNA cytology of the liver and hepatic masses, and possibly adrenal function testing (ACTH stimulation/LDDS test, blood pressure, urinary catecholamines) and colonoscopy with biopsies.

Canine

**BREED**

Specific therapy needs to be based on an etiological diagnosis. Initial supportive therapy would be fluid therapy as needed, analgesics, anti-emetics, ursodiol, and antibiotics.

Miniature pincher Mix

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**IMAGES**

MN

**Urinary bladder**

**AGE**

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**PATIENT** Liver

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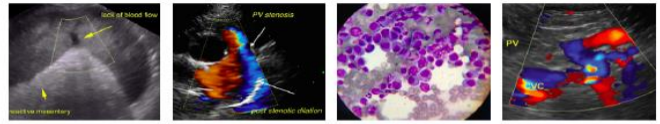
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**PATIENT** Gall bladder

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**Left kidney**

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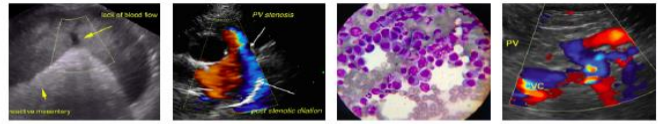


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**PATIENT** Pancreas

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**Left adrenal**

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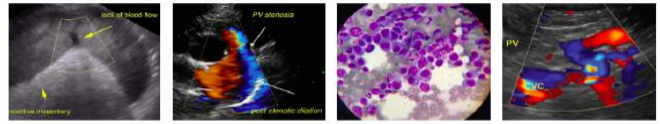


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**PATIENT** Colon

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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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