

PATIENT PRESENTING CLINICAL SIGNS

Dori Revia History: Anorexia past 2 days. History of heart disease (on pimobendan) and Cushing's disease (on trilostane). Defecated palm tree nut just prior to ultrasound.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

BREED CBC: N/A.

Mixed Serum Biochemistry: Elevated ALP activity, abnormal cPL.
Radiographic Findings: Hepatomegaly.

SEX

FS

Age

15 years

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.

WEIGHT

21 #

Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels.

Normal iliac lymph nodes (2 cm). Ureters not visualized.

INTERPRETED BY

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

Normal renal size (left 5.3 cm right 5.1 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

Reproductive System

N/A.

IMAGING PERFORMED BY

Sonya Myers, DVM

Adrenal Glands

Normal shape, echogenic appearance, and position but bilaterally enlarged. Left 0.87/0.59 cm, right 0.8/0.93 cm.

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

Spleen

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

REFERRING VET

Dr Kim

Liver

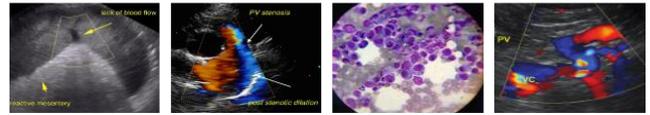
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Enlarged with rounded edges, increased echogenic and nodular appearance, some loss of portal markings, and regular curvilinear capsule. Nodules are parenchymal, hyperechogenic and up to 0.7 cm in size. No masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).

DATE

8/26/22


PATIENT *Gastrointestinal*

Dori Revia Segmental thickening of the stomach (0.63 cm), duodenum (0.57 cm), small intestine (0.52 cm), and colon (0.45 cm) with no loss of layering, normal wall thickness (stomach) and peristaltic activity, and no distension of the lumen. Normal ileo-cecal junction. Multiple shadowing material within the jejunum without any obvious obstruction. Hyperechogenic appearance of the mesentery surrounding the jejunum.

SPECIES

Canine

BREED *Pancreas*

Mixed

Enlarged and irregular (right 1.4 cm) with mottled echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX *Free Abdomen*

FS

Mesenteric lymphadenomegaly (0.4 x 3.1 cm) with normal shape and echogenic appearance. Small amount of ascites.

Age

15 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Gastro-entero-colitis.
- Pancreatitis.
- Adrenomegaly.
- Nodular hepatopathy
- Mesenteric lymphadenomegaly.
- Splenic pathology.

Secondary Findings:

- Age-related renal changes.

WEIGHT

21 #

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the GI tract would be foreign body irritation with dietary indiscretion, toxins, and parasites, differential diagnoses.

The appearance of the pancreas is consistent with chronic pancreatitis.

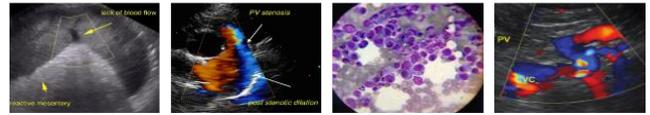
The adrenomegaly is consistent with pituitary-dependent Cushing's disease.

The most likely etiology for the hepatopathy would be metabolic secondary to the Cushing's disease, with reactive, hyperplasia, nodular regeneration, chronic hepatitis, and infiltrative neoplasia, differential diagnoses.

The most likely etiology for the lymph nodes and spleen would be reactive secondary to the GI tract and pancreas.

Further assessment would be fecal analyses, ACTH stimulation test, and possibly FNA cytology of the liver and spleen.

Specific therapy would be dependent on an etiological diagnosis.



PATIENT **IMAGES**
 Dori Revia **Stomach**

SPECIES
 Canine

BREED
 Mixed

SEX
 FS

Age
 15 years

WEIGHT
 21 #



Small intestine

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Remo Lobetti, BVSc,
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 ECVIM

IMAGING PERFORMED BY

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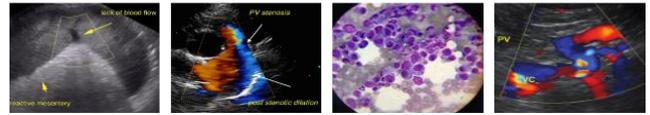
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PATIENT Spleen

Dori Revia

SPECIES

Canine

BREED

Mixed

SEX

FS

Age

15 years

WEIGHT

21 #



Pancreas

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 ECVIM

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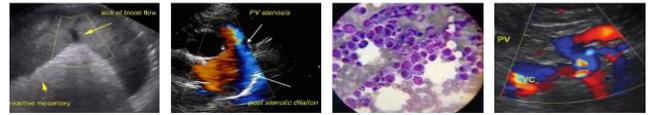


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PATIENT Liver

Dori Revia

SPECIES

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Right adrenal



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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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
rlobetti@mweb.co.za