



PATIENT

Lacy Howell

SPECIES

Canine

BREED

Boxer

SEX

Spayed female

AGE

9 years

WEIGHT

88 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Myers

HOSPITAL NAME

VCA Clermont AH

REFERRING VET

Dr. Calzada

INVOICE

76330

DATE

7/31/23

PRESENTING CLINICAL SIGNS

History: Severe high ALP. Discussed possible neoplasia or Cushing's. Rec ultrasound. Concerned that skin may not resolve until liver is treated per Dr Calzada

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding. The iliac lymph nodes measured 2.6 cm.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 8.6 cm. The right kidney measured 9.1 cm.

Adrenal Glands

The adrenal glands are bilaterally enlarged (left 1.0 x 0.96 cm and right 0.81 x 0.98 cm). The adrenal glands are normal in shape, echogenic appearance, position, and appearance of the visible peri-renal vasculature.

Spleen

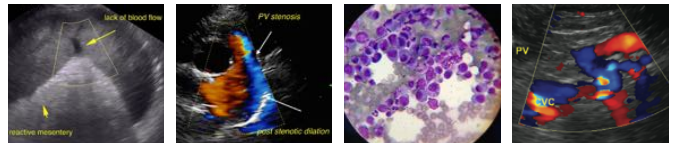
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.4 cm.

Liver

The liver is enlarged with rounded edges, diffuse, hyperechoic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature. FNA was taken with no obvious post aspirate hemorrhage.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. The common bile duct is dilated measured up to 2.0 cm. There was no evidence of obstruction.



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Gastrointestinal

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The stomach revealed segmental thickening (0.61 cm) Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal peristaltic activity, and no distension of the lumen. There was normal appearance of the ileocecal junction and colon. Segmental thickening of the stomach 0.61 cm, duodenum 0.61 cm and jejunum 0.5 cm and colon measured 0.29 cm.

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Pancreas

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The pancreas is normal in size with a diffuse, hyperechogenic appearance and irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 1.5 cm. The right pancreas measured 1.6 cm.

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Normal mesenteric lymph nodes. The mesenteric lymph nodes measured 0.4 x 2.8 cm.

No ascites evident.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral adrenomegaly.
- Hepatopathy.
- Gastroenteropathy.
- Pancreatic fibrosis versus chronic pancreatitis.

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Secondary Findings

- Dilated bile duct.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The most likely diagnosis for the bilateral adrenomegaly, pituitary dependent Cushing's disease, with reactive hyperplasia, which is a less likely differential.

Etiologies for hepatopathy would be reactive vacuolar metabolic, early nodular regeneration and chronic hepatitis with infiltrative neoplasia an unlikely differential diagnosis.

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Etiologies for the gastroenteropathy would be non-specific gastroenteritis (dietary indiscretion, toxins, viral), inflammatory bowel disease, dietary hypersensitivity, parasitic enteritis and ulcerative disease with emerging neoplasia, an unlikely differential diagnosis.

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Further assessment would be based on pending cytology results and can include adrenal function testing (ACTH stimulation/LDDST). CPL assay, cobalamin assay, fecal analysis and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



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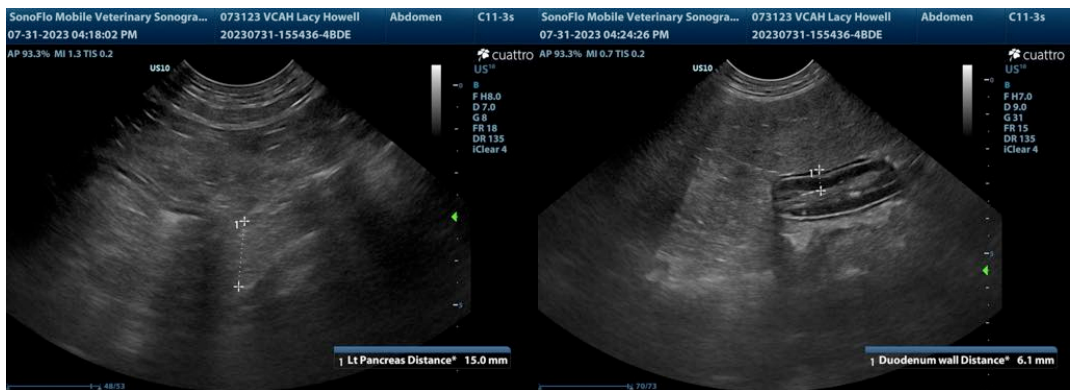
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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