



**PATIENT PRESENTING CLINICAL SIGNS**

**Apollo King**  
 Was originally seen on 7/29 for inappropriate urination and found on bloodwork that liver enzyme elevations were first documented at the end of July and have since doubled and more. Pet had some episodes of vomiting but is currently eating alright. He has experienced weight loss from 105 lbs. down to 88 lbs. over the last three months.

**SPECIES**

Canine

**BREED**

Labrador Retriever

Abnormal PE/Chem/CBC/UA Results: Ultrasound findings: Liver is mildly enlarged and rounded; the portal detail is lost, there at least 3 hyperechoic focal lesions in the left lobes; the gall bladder is moderately enlarged and rounded in shape having hyperechoic mildly organizing biles sludge with hyperechoic irregular sludge adhering to the wall along the periphery consistent with emerging gall bladder mucocoele; bloodwork showed marked elevations and adrenal glands are bilaterally enlarged; Bloodwork shows marked elevation of ALT 600's and ALP 3,600 with low BUN and creatinine, 5 and 0.4 respectively.

**COMPUTED TOMOGRAPHY OF THE ABDOMEN**

**SEX**

A high resolution post-contrast CT study of the abdomen is provided for review.

**MN**

**COMPUTED TOMOGRAPHIC FINDINGS**

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

**AGE**

9 Years

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration the caudal pole of the right kidney presents with a wedge shaped hypoattenuating zone.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

The adrenal glands are within normal limits for shape and organ architecture. The cross-sectional diameter of the adrenal glands bilaterally is enlarged, left is measuring 12 mm in diameter and right is measuring 11 mm in diameter.

**HOSPITAL NAME**

Petroglyph Animal Hospital

The spleen present is irregular shaped. The splenic parenchyma is uniformly attenuating and homogeneous contrast enhancing – considered as an age related finding.

The hepatic volume is mild to moderately increased and the caudoventral margins of the liver are protruding caudally beyond the costal arch and are rounded. The hepatic parenchyma has a mild heterogeneous contrast enhancement pattern with multiple roundish mild hypoattenuating lesions.

**REFERRING VET**

Alice Ku

The gallbladder wall is mildly prominent and presents a slight serrating mucosal surface.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

**DATE**

10-28-22

The intervertebral disc T13/L1 is protruding into the vertebral canal, occupying approximately 20% of the cross-sectional area of the vertebral canal at the same level. The dural tube level T13/L1 is deviated dorsally and mildly distorted. The intervertebral discs L5/L6 and L6/L7 are mildly bulging into the vertebral canal. The vertebral endplates of the lumbosacral junction present mild lateral spondylosis formation.



**PATIENT**

Apollo King

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Hepatomegaly with mild heterogeneous contrast enhancement pattern
- Adrenomegaly
- Mild irregular thickening gallbladder wall
- Intervertebral disc protrusion T13/L1 with potential dynamic spinal cord compression
- Mild intervertebral disc protrusion L5/L6 and L6/L7 without compressive myelopathy
- Lateral spondylosis formation L7/S1
- Right sided renal infarct

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. The prominent adrenal glands can increase the odds for steroid induced hepatopathy. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.

**SEX**

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The enlarged adrenal glands are suggestive for (non)functional hyperplasia. Consider testing of the pituitary adrenal axis.

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The mild irregular prominent gallbladder wall is most consistent with cystic mucinous hyperplasia or less likely cholecystitis.

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Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Petroglyph Animal  
Hospital

**REFERRING VET**

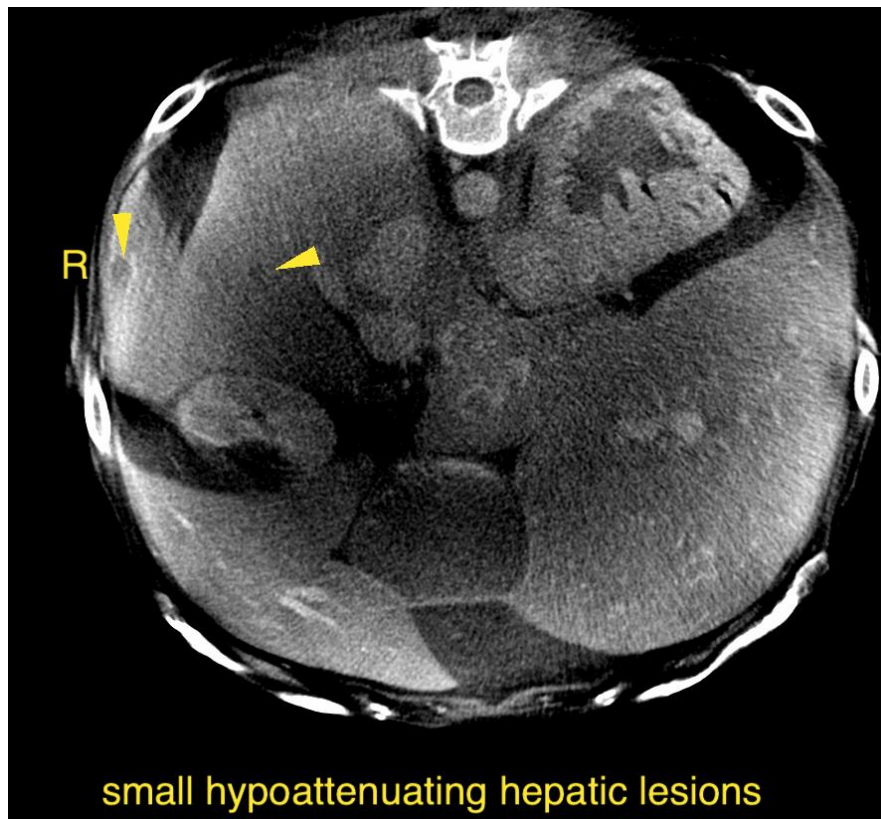
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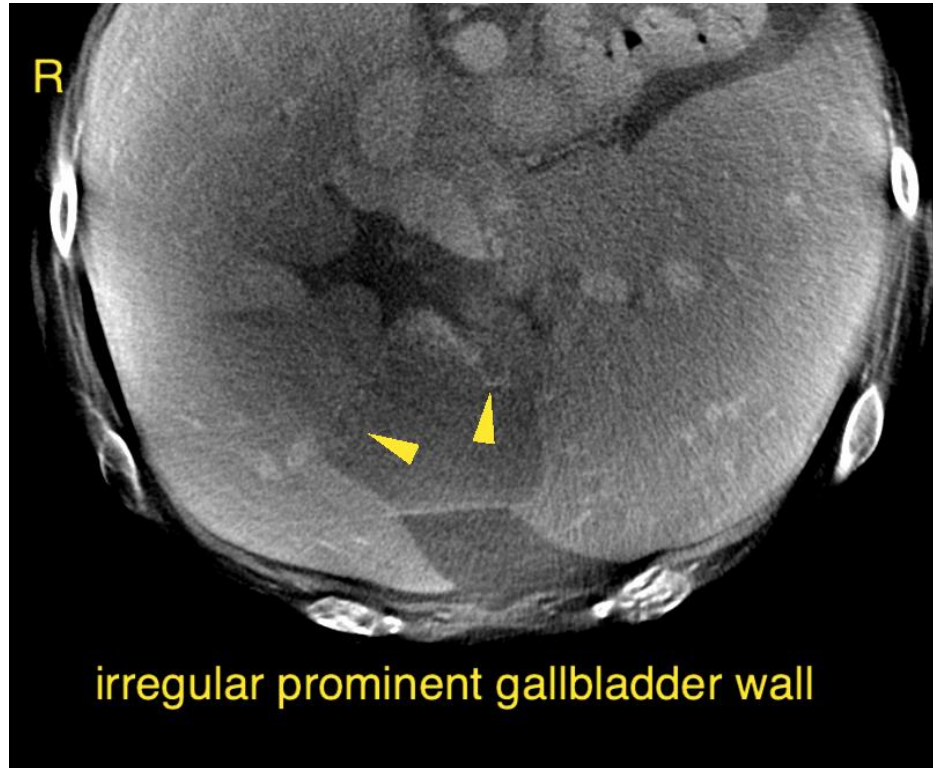
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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