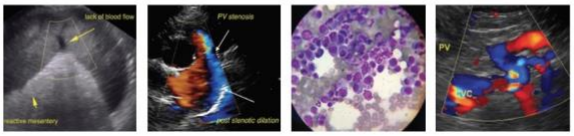

PATIENT
Winston Erickson

SPECIES
Canine

BREED
Pomeranian

SEX
MN

AGE
7 years

WEIGHT
#

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

IMAGING PERFORMED BY
Sonya Myers, DVM

HOSPITAL NAME
Treasure Coast Animal Emergency

REFERRING VET

INVOICE
302637

DATE
11/16/21

PRESENTING CLINICAL SIGNS

History: Vomiting, anorexia.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: Leukocytosis, thrombocytopenia.

Serum Biochemistry: Azotemia, elevated amylase, bilirubin, and phosphate. Hyponatremia.

Radiographic Findings: N/A.

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.

Normal trigone area, proximal urethra and iliac blood vessels.

Normal iliac lymph nodes (1.1 cm). Ureters not visualized.

Normal renal size (left 3.6 cm, right 3.7 cm), echogenic appearance, cortico-medullary differentiation, capsule, and pelvis.

Reproductive System

Small hypoechogenic prostate (0.5 x 0,4 cm).

Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 0.54/0.63 cm, right 0.47/0.39 cm.

Spleen

Normal size and 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 hypoechogenic appearance, and prominent portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Thickened and hyperechoic appearance of the gall bladder wall. Normal bile duct (0.28 cm).

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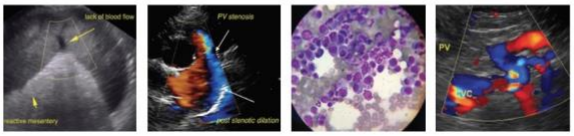

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Gastrointestinal

Normal appearance of the pylorus, duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (duodenum 0.42 cm, jejunum 0.35 cm) and peristalsis, and no distension of the lumen. Fluid filled stomach. Thickening of the colon (0.4 cm) with no loss of layering or distension of the lumen.

Pancreas

Enlarged (left 1.3 cm, right 0.8 cm) with a diffuse hypoechogenic appearance. Irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes (2.9 cm).
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Pancreatitis.
- Hepatopathy.
- Cholecystitis.
- Thickened colonic wall.

Secondary findings:

- Fluid-filled stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

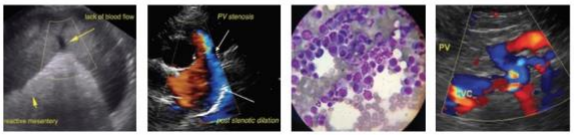
The appearance of the pancreas is typical for acute pancreatitis.

The most likely etiology for the hepatopathy would be reactive secondary to the pancreatitis, with vacuolar, metabolic, hepatitis (viral, bacterial *Leptospira*, toxins), and infiltrative neoplasia differential diagnoses

The appearance of the gall bladder is typical for cholecystitis.

Etiologies for the colonic pathology would be secondary to the pancreatitis, helminths, dietary indiscretion, toxins, dietary hypersensitivity, granulomatous colitis, inflammatory bowel disease, and emerging neoplasia.

The fluid-filled stomach can be ascribed to the pancreatitis.



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Further assessment would be fecal analysis and FNA cytology of the liver. Colonoscopy with biopsies could be considered once the pancreatitis has resolved.

Specific therapy would be dependent on an etiological diagnosis. Management of the pancreatitis would be fluid therapy, low-fat intestinal diet, analgesics, anti-emetics, and gastric protectants. Management of the cholecystitis would be antibiotics (amoxicillin, quinolones, cephalosporins, metronidazole) and ursodiol.

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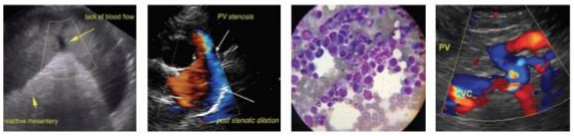

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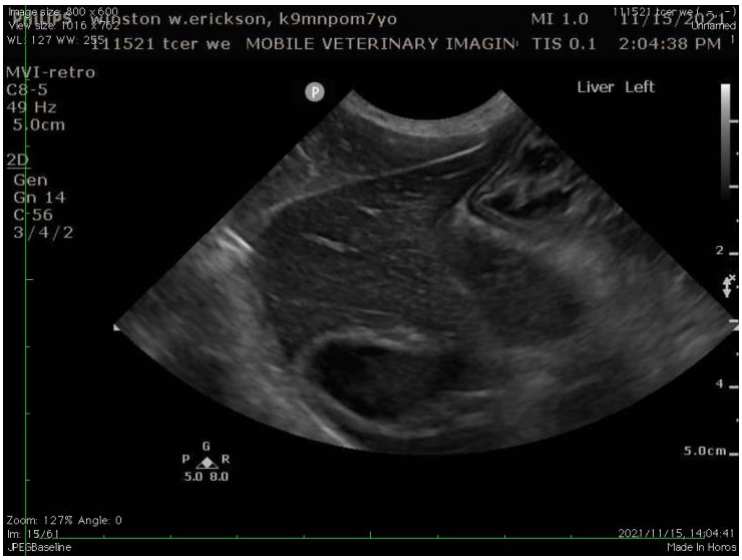
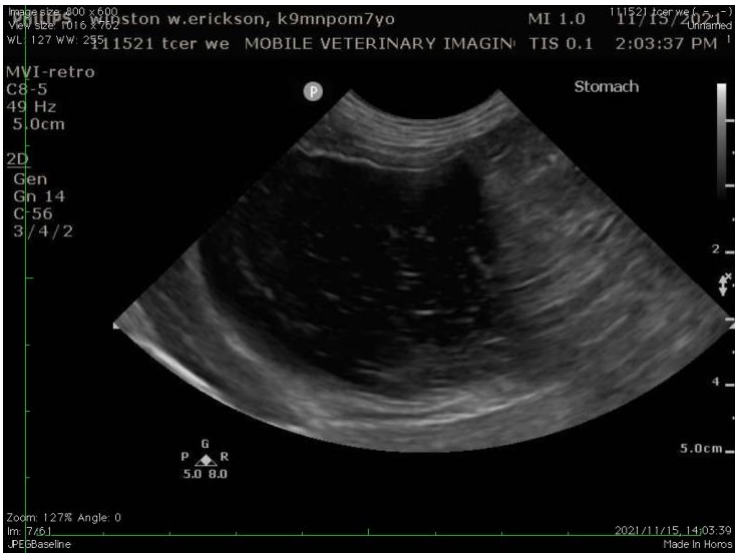
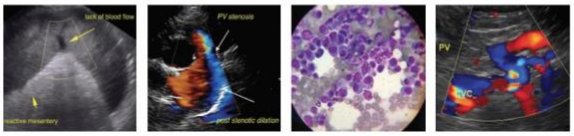
IMAGES

Liver/gall bladder



Stomach





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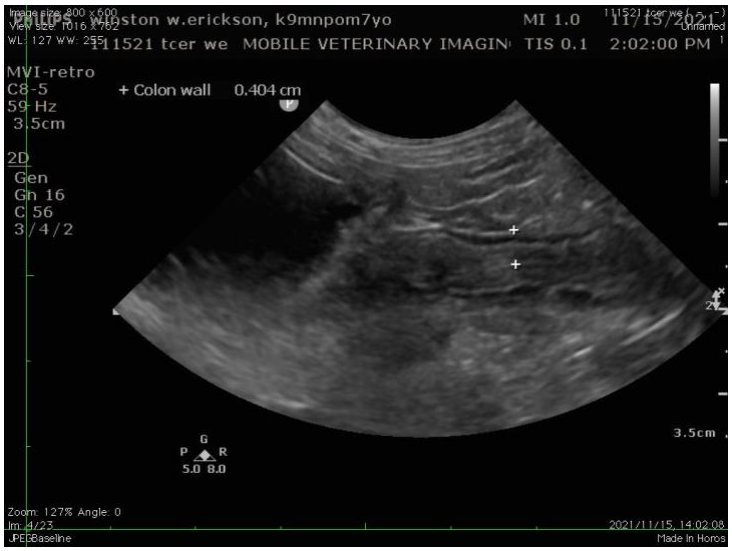
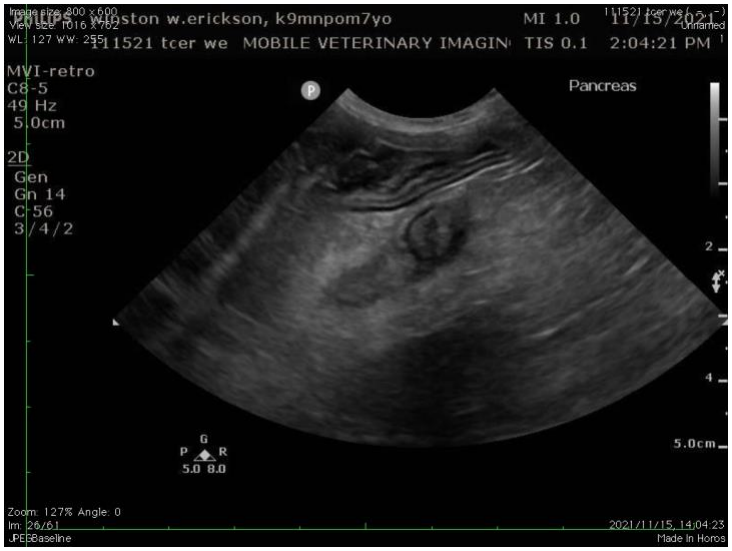
Colon



Pancreas



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