

**PATIENT PRESENTING CLINICAL SIGNS**

Maddie Little History: Loose feces past 3 weeks with no improvement to bland diet. Vomiting past few days – suspected pancreatitis and managed symptomatically.

**SPECIES** Physical Examination: N/A.

Canine Urinalysis: N/A.

**BREED** CBC: N/A.

Westie Serum Biochemistry: N/A.

Radiographic Findings: Normal abdomen.

**SEX**

FS

**AGE**

13 years

**WEIGHT**

19.4 #

**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. Ureters not visualized.

Normal renal size (left 4.3 cm, right 4.6 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and pelvis.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, position, echogenic appearance, and size. Left 0.89 x 0.39 cm, right 0.75 x 0.47cm.

**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. Incidental myelolipomas.

**Liver**

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing large amount of hyperechoic non-adherent sediment. Normal appearance and thickness of the gall bladder wall. Normal bile duct.

**Gastrointestinal**

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.43 cm, small intestine 0.39 cm) and peristaltic activity, and no distension of the lumen. Prominent hypoechoic appearance of the submucosal layer of the small intestine.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Hadley Harris

**HOSPITAL NAME**

TotalBond Veterinary  
Hospital-Bethel

**REFERRING VET**

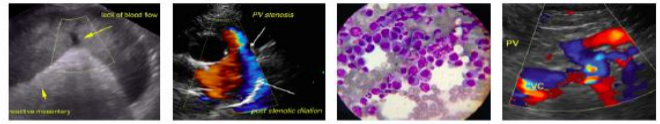
Dr Jodi Werfal

**INVOICE**

302644

**DATE**

11/17/21



**PATIENT** *Pancreas*

Maddie Little Normal size and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Canine No mesenteric lymphadenomegaly.  
No ascites.

**BREED** *ULTRASONOGRAPHIC FINDINGS*

Westie

**SEX** Primary findings:  
FS • Enteropathy.

**AGE** Secondary findings:  
13 years • Age-related renal changes vs early renal disease.  
• Gall bladder sediment.

**WEIGHT**

19.4 #

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Etiologies for the enteropathy would be parasitic enteritis, inflammatory bowel disease, and dietary hypersensitivity, with emerging lymphoma a less likely differential diagnosis.

Although the gall bladder sediment may be an incidental finding, an emerging mucocele needs to be considered and monitored for.

Further assessment would be urine and fecal analyses, renal function (urea, creatinine, SDMA) cobalamine assay, and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management of the enteropathy would be hypoallergenic/novel protein diet, course of metronidazole and/or fenbendazole, cobalamine supplementation, and possibly prednisolone.

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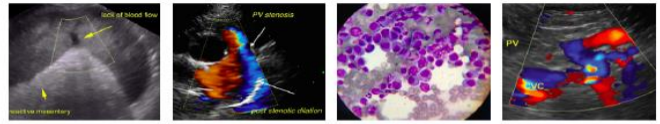
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**PATIENT**

Maddie Little

**SPECIES**

Canine

**BREED**

Westie

**SEX**

FS

**AGE**

13 years

**WEIGHT**

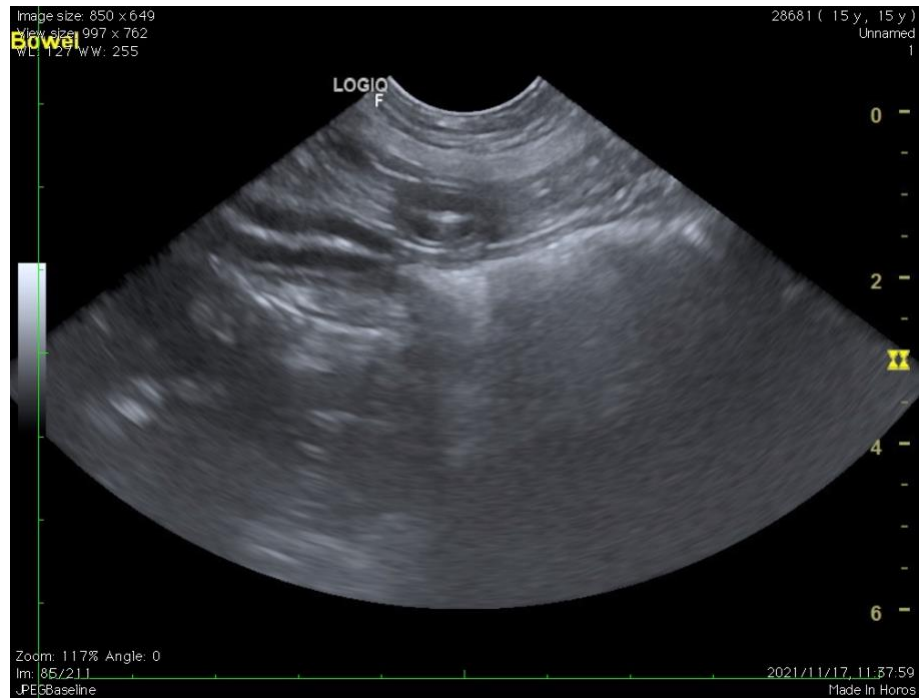
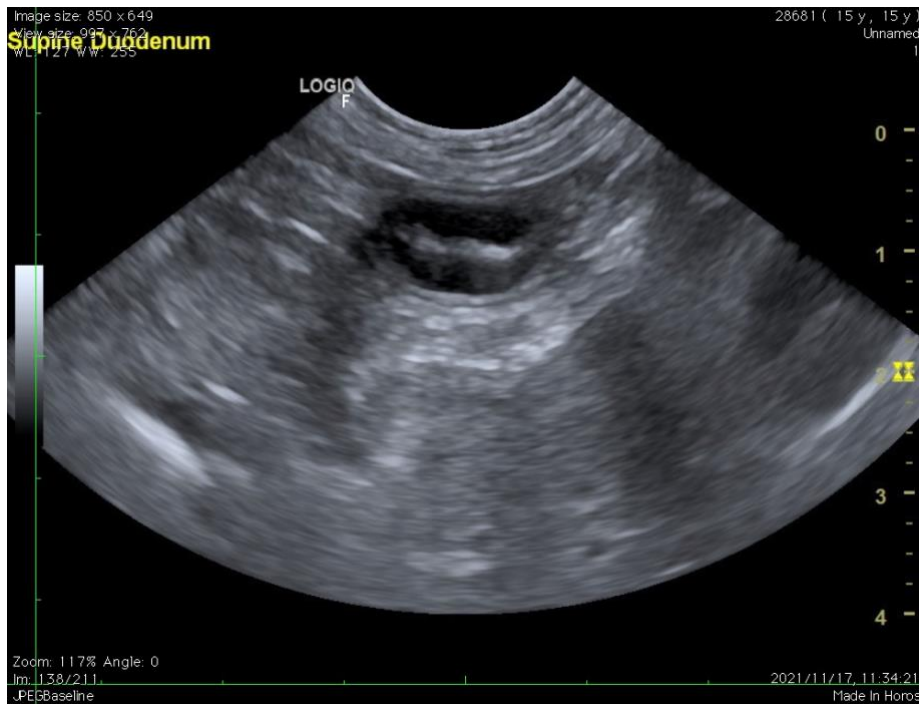
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**IMAGES**

**Small intestine**



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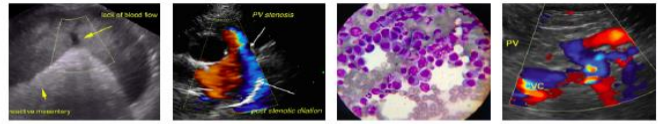
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**PATIENT**

**Gall bladder**

Maddie Little

**SPECIES**

Canine

**BREED**

Westie

**SEX**

FS

**AGE**

13 years

**WEIGHT**

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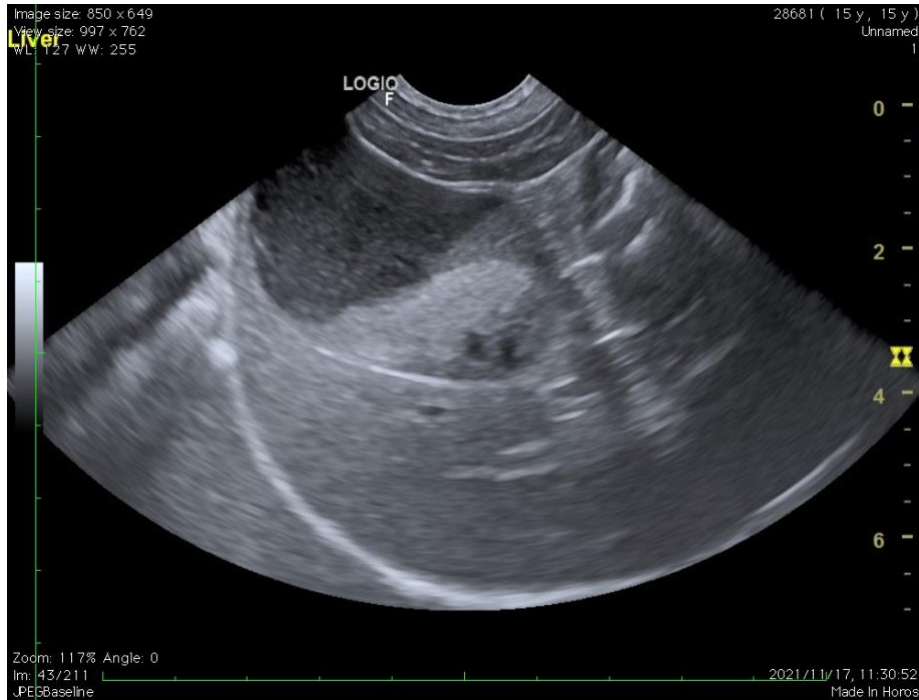
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**  
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