

PATIENT

Cooper Colman

SPECIES

Canine

BREED

Shih Tzu

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

Dr Caill

INVOICE

302685

DATE

12/28/21

PRESENTING CLINICAL SIGNS

History: Diagnosed and treated for acute pancreatitis. After being discharged showed acute onset diarrhea, vomiting, wheezing, and labored respiration.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: Leukocytosis.

Serum Biochemistry: N/A.

Radiographic Findings: Loss of serosal detail in right cranioventral quadrant of abdomen.

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 (1.2 cm). Ureters not visualized.

Normal renal size (left 4 cm, right 4.2 cm) and echogenic appearance, some loss of cortico-medullary differentiation and normal capsule and pelvis. Faint pinpoint mineralization within the right kidney.

Reproductive System

Small hypoechogenic prostate.

Adrenal Glands

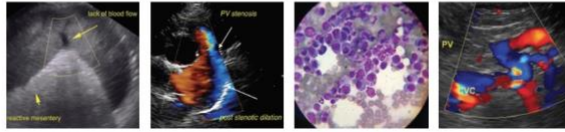
Normal shape, echogenic appearance, size, and position. Left 0.62/0.24 cm, right 0.51/0.51 cm.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Normal bile duct (0.17 cm).



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Gastrointestinal

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.44 cm, jejunum 0.33 cm), and no distension of the lumen. Segmental thickening of the gastric wall (up to 0.72 cm) with no loss of layering. Small amount of gas within the stomach.

Pancreas

Normal size (right 1 cm, left 0.7 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes (1.6 cm).
Hyperechogenic appearance of the cranial mesentery.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Gastric thickening.
- Mesenteric inflammation.

Secondary findings:

- Renal changes – age-related vs kidney disease.

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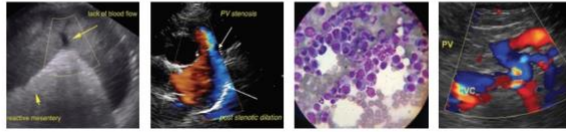
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastric thickening would be non-specific gastritis (viral, helminths, foreign body reaction, toxins, dietary indiscretion), secondary to the pancreatitis, *Helicobacter* gastritis, ulceration, inflammatory bowel disease, and dietary hypersensitivity.

The most likely etiology for the mesenteric inflammation would secondary to pancreatitis and/or gastritis.

Further assessment would be urine and fecal analysis, renal function assay, thoracic radiographs, and if there is not a satisfactory improvement then gastroscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be to continue with the current therapy.



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IMAGES

Stomach



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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