



PATIENT

Martina Lavea

SPECIES

Canine

BREED

Miniature Poodle

SEX

FS

AGE

10 years

WEIGHT

10 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

INVOICE

302545

DATE

9/4/21

PRESENTING CLINICAL SIGNS

History: DKA, pancreatitis, melena, diarrhea. Recent diagnosis of atypical Addison's Anemia (11%) that improved with blood transfusion (20%).

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and appearance of the wall. Small amount of floating and dependent sediment. No uroliths evident.

Normal trigone area, proximal urethra (0.3 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.2 cm, right 4.5 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and pelvis.

Reproductive System

N/A.

Adrenal Glands

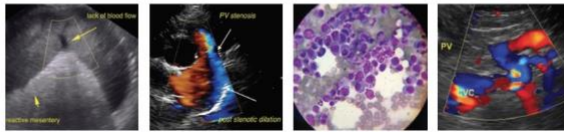
Normal shape, echogenic appearance, position, and size. Left 0.4 cm, right 0.5 cm.

Spleen

Normal size (0.9 cm) with increased echogenic appearance. Smooth homogenous parenchyma and normal vasculature. Multiple hypoechogenic nodules on the edge of spleen with resultant irregular capsule. FNA taken with no obvious aspirate hemorrhage.

Liver

Enlarged with rounded edges, diffuse increased echogenic appearance, and some loss of portal markings. No nodules or masses evident. Thickened and hyperechoic appearance of the gall bladder wall with peripheral edema. Normal bile duct (0.24 cm).



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Gastrointestinal

Normal appearance of the pylorus, stomach, duodenum, small intestine, ileo-cecal junction, and colon with normal thickness (stomach 0.26 cm, duodenum 0.38 cm, jejunum 0.22 cm), layering, and peristaltic activity. Small amount of ingesta in the stomach. Feeding tube visible in the stomach.

Pancreas

Enlarged (right 1.5 cm, left 1 cm) and irregular with a diffuse hypoechogenic appearance. Irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
Mild ascites cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Pancreatitis.
- Hepatopathy.
- Cholecystitis.
- Splenic nodules.
- Small amount of ascites.

Secondary findings:

- Urinary bladder sediment.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

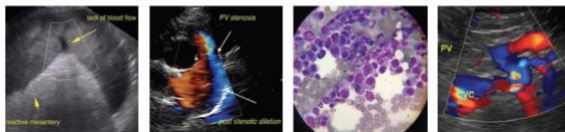
The appearance of the pancreas is typical for pancreatitis.

Etiologies for the hepatopathy would be vacuolar, reactive, metabolic, acute hepatitis, chronic hepatitis, and infiltrative neoplasia.

The appearance of the gall bladder is indicative of cholecystitis with anaphylaxis a differential diagnosis.

Etiologies for the spleen would be reactive, splenitis, and infiltrative neoplasia. Etiologies for splenic nodules would be hyperplasia, granulomas, hematomas, abscessation, and neoplasia.

The ascites can be ascribed to the pancreatitis, however, with the anemia, resolving hemabdomen needs to be considered.



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With the anemia and melena, GI ulcerative disease is an important diagnosis.

Etiologies for urinary bladder sediment would be the cystitis (bacterial, sterile) and crystalluria, hemorrhage.

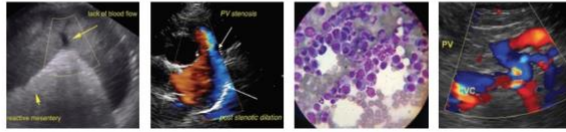
Additional further assessment needs to be based on the results of the spleen FNA but could include urinalysis, urine culture, 3-view thoracic radiographs, cPL/PSL assay, and FNA cytology of the liver.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be fluid therapy as needed, nutritional support, anti-emetics (metoclopramide), analgesics (opioids and/or NSAIDs), gastric protectants (omeprazole, sucralfate), and insulin.

IMAGES

Liver





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Pancreas



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Gall bladder



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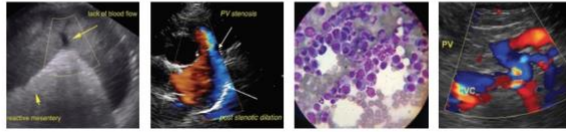
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Spleen



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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.

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