



PATIENT PRESENTING CLINICAL SIGNS

Checkers Van Vliet

History: Acute onset hematochezia, vomiting, and anorexia. Periodic, spontaneous vocalization – appears neurologic.

SPECIES

Canine

Physical Examination: Grade IV/VI systolic murmur, dental disease, lenticular sclerosis, pot-bellied and muscle-wasting.

BREED

Maltese Cross

Urinalysis: Low-normal SG, hematuria.

CBC: Left shift neutrophilia, lymphopenia.

Serum Biochemistry: Elevated liver enzyme activity, SDMA, urea, amylase, lipase. Abnormal cPL.

SEX

MN

Radiographic Findings: N/A.

AGE

10 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT

6.9 kg

Full urinary bladder with a thickened and irregular appearance of the apical wall. Rest of the bladder wall has normal thickness and appearance. Normal anechoic urine with no sediment or uroliths evident.

INTERPRETED BY

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

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.6, right 4.5 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, pyelectasia, irregular capsule and normal blood flow.

IMAGING PERFORMED BY

Dr Alastair Westcott,
DVM

Reproductive System

Small hypoechogenic prostate (1 x 0.85 cm).

Adrenal Glands

HOSPITAL NAME

Normal shape, echogenic appearance, and position. Normal size of the right adrenal (2.18 x 0.58/0.6 cm). Plump appearance of the caudal pole of the left gland (0.79 cm), with normal width of the cranial pole (0.65 cm) and length (1.88 cm).

REFERRING VET

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Spleen

Normal size (1.2 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. Faint hypoechogenic parenchymal nodules.

INVOICE

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Liver

Normal size, with a diffuse increased echogenic appearance, and prominent portal markings. No nodules or masses evident. Fully voided gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Normal bile duct (0.32 cm).

DATE

9/8/21



PATIENT *Gastrointestinal*

Checkers Van Vliet Normal appearance of the pylorus, stomach, duodenum, small intestine, ileo-cecal junction, and colon with normal thickness (stomach 0.3 cm, duodenum 0.4 cm, jejunum 0.33 cm, colon 0.29 cm), layering and peristaltic activity.

SPECIES

Canine *Pancreas*

BREED

Maltese Cross Normal size (left 1 cm, right 1 cm and 0.7 cm) with a hypoechogenic and irregular appearance. Regular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

SEX

No mesenteric lymphadenomegaly.
No ascites.

MN

AGE

10 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

6.9 kg

Primary Findings:

- Pancreatitis.
- Hepatopathy.
- Plump left adrenal.
- Splenic nodules.
- Renal disease.

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Secondary Findings:

- Thickened urinary bladder wall.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is typical for pancreatitis.

HOSPITAL NAME

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

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Although the plump left adrenal gland may be an incidental finding, emerging Cushing's disease needs to be considered.

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

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The appearance of the kidneys is typical for chronic kidney disease with bacterial nephritis, a differential diagnosis.

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Etiologies for the urinary bladder would be chronic cystitis and emerging neoplasia.

Further assessment would be urine culture, 3-view thoracic radiographs, FNA cytology of the liver and spleen, and echocardiography. Adrenal function testing should also be considered, once the pancreatitis has resolved.



PATIENT

Specific therapy would be dependent on an etiological diagnosis.

Checkers Van Vliet

Symptomatic management of the pancreatitis would be fluid therapy as needed, analgesics (opioids, NSAIDs), anti-emetics (metoclopramide), gastric protectants (sucralfate, omeprazole), and a low-fat intestinal diet.

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IMAGES

Urinary bladder



Left adrenal





PATIENT Spleen

Checkers Van Vliet

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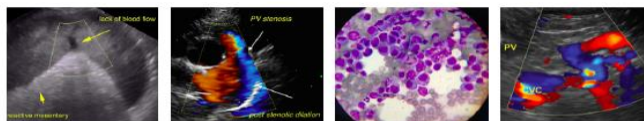
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Liver





PATIENT Pancreas

Checkers Van Vliet

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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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