



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Odin Tarves History: Recent diagnosis of pancreatitis. Progressive deterioration since discharge.

SPECIES Physical Examination: Cranial abdominal pain.

Canine Urinalysis: N/A.

CBC: Mild anemia, neutrophilia, monocytosis.

BREED Serum Biochemistry: Elevated ALP and GGT activity, amylase, and bilirubin.

Boston terrier Radiographic Findings: N/A.

SEX

MN

AGE

4 years

WEIGHT

13.4 kg

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med), PhD,
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ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small 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 3.4, right 3.7 cm), echogenic appearance, cortico-medullary differentiation, capsule, pelvis, and blood flow.

Reproductive System

Small anechoic prostate.

Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 1.99 x 0.63/0.61 cm. Right 0.66 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, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

Gastrointestinal

Normal appearance of the pylorus, small intestine, ileo-cecal junction, and colon with normal thickness, layering and peristaltic activity. stomach, duodenum Thickened stomach (0.85 cm) and duodenum (0.72 cm) but with no loss of layering or distension of the lumen.

IMAGING PERFORMED BY

Dr Alastair Westcott,
DVM

HOSPITAL NAME

REFERRING VET

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INVOICE

302553

DATE

9/8/21



PATIENT *Pancreas*

Odin Tarves Severely enlarged (left 4.6 cm, right 2.2 cm) with a hypoechogenic and irregular appearance. Irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES

Canine *Free Abdomen*

BREED

Boston terrier No mesenteric lymphadenomegaly. Hyperechogenic appearance of the cranial mesentery. Cellular ascites.

SEX

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4 years

WEIGHT

13.4 kg

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Pancreatitis.
- Gastric/duodenal thickening.
- Mesenteric inflammation
- Ascites.

Secondary Findings:

- None.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is typical for pancreatitis and would account for the gastric and duodenal thickening.

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The mesenteric inflammation and ascites are indicative of peritonitis and most likely associated with the pancreatitis, although bacterial peritonitis needs to be considered.

HOSPITAL NAME

Further assessment would be analysis and possibly culture of the ascitic fluid.

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

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PATIENT IMAGES

Odin Tarves **Pancreas**

SPECIES

Canine

BREED

Boston terrier

SEX

MN

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PATIENT

Duodenum/pancreas

Odin Tarves

SPECIES

Canine

BREED

Boston terrier

SEX

MN

AGE

4 years

WEIGHT

13.4 kg



Ascites



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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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