


**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Willow Handley  
History: Acute onset vomiting. On phenobarbital for epilepsy, ursodiol for gall bladder sludge, and stilbesterol for urinary incontinence.

**SPECIES**  
Canine  
Physical Examination: Abdominal pain.

Urinalysis: UPC 2.2, culture pending.

**BREED**  
Sheltie Mix  
CBC: Neutrophilia.

Serum Biochemistry: Elevated triglycerides.

Radiographic Findings: N/A.

**SEX**

FS

**Age**

7 years

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**Urinary System**

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

**WEIGHT**

9.6 kg

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

Normal iliac lymph nodes. Ureters not visualized.

**INTERPRETED BY**

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

Normal renal size (left 4.5 cm, right 5.3 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**Reproductive System**

N/A.

**IMAGING PERFORMED BY**

Dr Sarah Barthelemy

**Adrenal Glands**

Normal position, echogenic appearance, shape, and size. Left 0.47/0.44 cm, right 0.42/0.45 cm.

**HOSPITAL NAME**

Bridgeland Vet Clinic

**Spleen**

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

**REFERRING VET**

Dr Elock

**Liver**
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Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing moderate amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

**DATE**

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**Gastrointestinal**

Normal appearance of the small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (jejunum 0.25 cm) and peristalsis, and no distension of the lumen. Fluid-filled and hypomotile stomach and duodenum with normal wall thickness (duodenum 0.3 cm) and layering.


**PATIENT** *Pancreas*

Willow Handley

Enlarged with a hypoechogenic appearance of especially the right lobe. Irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES**
*Free Abdomen*

Canine

No mesenteric lymphadenomegaly.  
Small amount ascites cranial abdomen.

**BREED**

Sheltie Mix

**ULTRASONOGRAPHIC FINDINGS**
**SEX**

Primary Findings:

FS

- Pancreatitis.
- Ileus.
- Ascites.

**Age**

7 years

Secondary Findings:

- Gall and urinary bladder sediment.

**WEIGHT**

9.6 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
**INTERPRETED BY**

The appearance of the pancreas is typical for pancreatitis and would account for the ileus and ascites.

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ECVIM

The elevated UPC may be secondary to the pancreatitis but needs to be monitored and followed up as needed.

**IMAGING PERFORMED BY**

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If this patient shows recurrent episodes of pancreatitis, the phenobarbitone medication needs to be re-evaluated as it has been linked to pancreatitis.

**HOSPITAL NAME**

Bridgeland Vet Clinic

Further assessment would be cPL/PSL assay.

**REFERRING VET**

Dr Elock

Management of the pancreatitis would be to continue with current therapy, feed a low-fat intestinal diet, and add a short course of prednisolone (½ mg/kg SID for 3-5 days), the latter being shown to improve the recovery period in dogs with pancreatitis.

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Willow Handley

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**REFERRING VET**

Dr Elock

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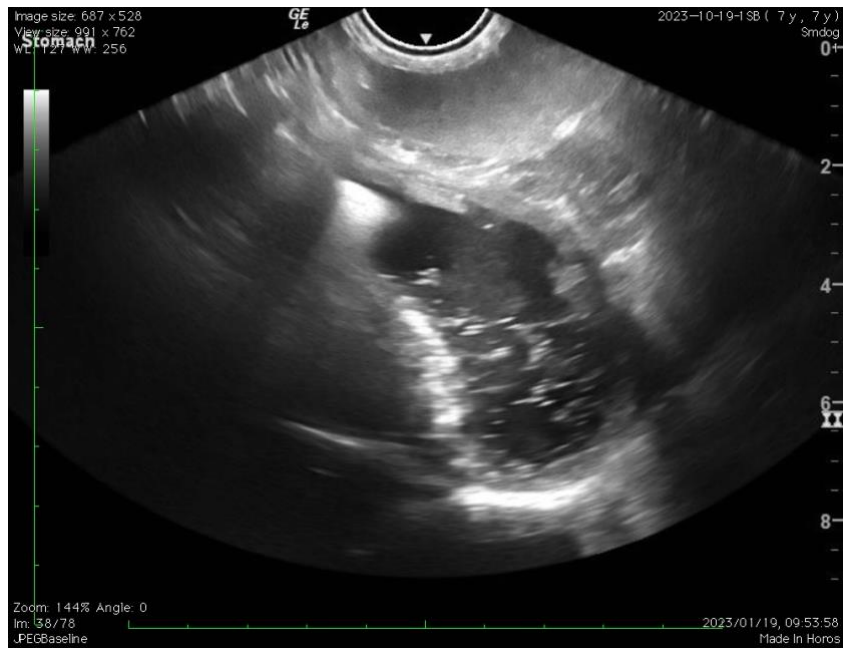
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**IMAGES**

**Pancreas**



**Stomach**





**PATIENT Duodenum**

Willow Handley

**SPECIES**

Canine

**BREED**

Sheltie Mix

**SEX**

FS

**Age**

7 years

**WEIGHT**

9.6 kg

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Dr Elock

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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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