

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Barney Totaro History: Persistent soft feces. Previously biopsy confirmed inflammatory bowel disease.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

BREED Fecal Analysis: Negative.

Schnauzer Previous CBC: Normal.

SEX Serum Biochemistry: Elevated ALP activity and triglycerides on previous bloods. Normal TLI, cobalamin, folate. Severely elevated cPL.

MN Radiographic Findings: N/A.

AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

9 years **Urinary System**

WEIGHT Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

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

INTERPRETED BY Normal iliac lymph nodes. Ureters not visualized.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM Normal renal size (left 5 cm, right 5.4 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal blood flow and capsule. Bilateral pyelectasia (both 0.3 cm) and small cortical cysts.

IMAGING PERFORMED BY **Reproductive System**

Denise Bruno LVT, RDMS Small hypoechoic prostate (1.5 cm).

HOSPITAL NAME **Adrenal Glands**

Homecare Veterinary Normal shape, echogenic appearance, position, and size. Left 1.98 x 0.44/35 cm, right 2.5 x 0.35/0.49 cm.

REFERRING VET **Spleen**

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

INVOICE **Liver**

303545 Normal size, echogenic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing moderate amount of hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct.

DATE
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PATIENT *Gastrointestinal*

Barney Totaro Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristalsis, and no distension of the lumen. Segmental thickening of the small intestine (up to 0.4 cm) with no loss of layering or distention of the lumen.

SPECIES

Canine

Pancreas

BREED

Schnauzer

Normal size with a mottled echogenic appearance and irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

SEX

No mesenteric lymphadenomegaly.

MN

No ascites.

AGE

9 years

ULTRASONOGRAPHIC FINDINGS

Primary findings:

WEIGHT

25 #

- Chronic pancreatitis.
- Age-related renal changes vs renal disease.
- Enteropathy.
- Hepatopathy?

INTERPRETED BY

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

Secondary findings:

- Gall bladder sediment.

IMAGING PERFORMED BY

Denise Bruno LVT, RDMS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with chronic pancreatitis.

The enteropathy would be in line with the previously diagnosed inflammatory bowel disease.

HOSPITAL NAME

Homecare Veterinary

Although the prominent portal markings may be an incidental finding ascending cholangio-hepatitis needs to be considered.

REFERRING VET

Dr Obstler

Further assessment would be urinalysis, serum biochemistry, and possibly FNA cytology of the liver.

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be low-fat intestinal diet and ursodiol.

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PATIENT IMAGES

Barney Totaro **Liver**

SPECIES

Canine

BREED

Schnauzer

SEX

MN

AGE

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WEIGHT

25 #

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IMAGING PERFORMED BY

Denise Bruno LVT, RDMS

HOSPITAL NAME

Homecare Veterinary

REFERRING VET

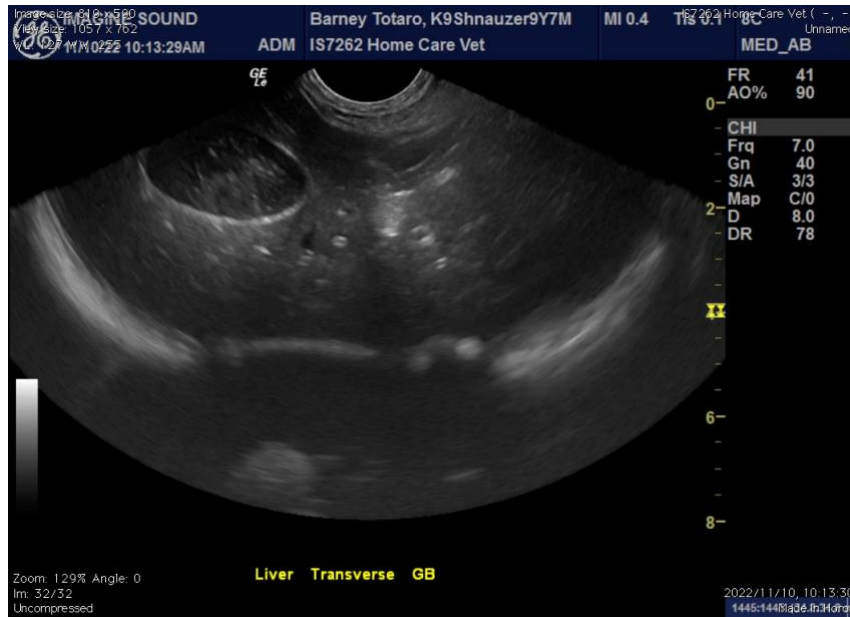
Dr Obstler

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Pancreas





PATIENT Gall bladder

Barney Totaro

SPECIES

Canine

BREED

Schnauzer

SEX

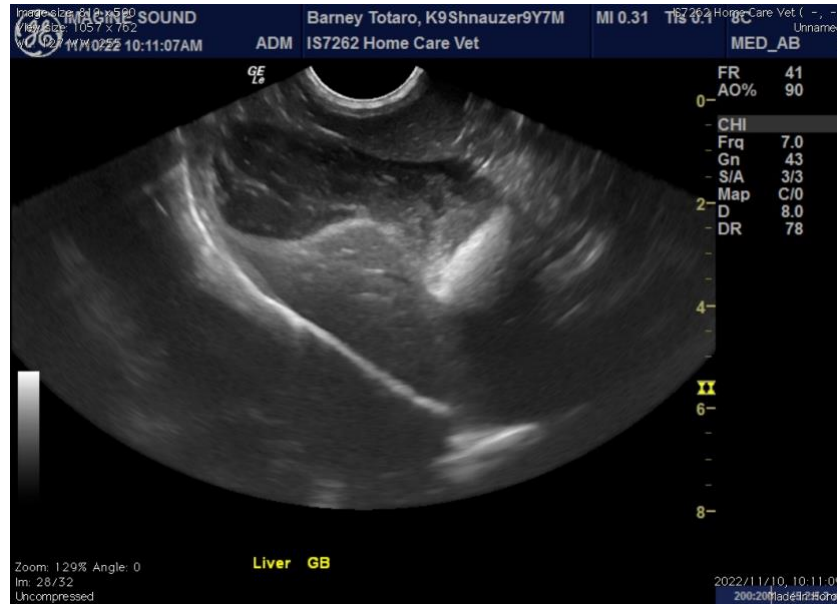
MIN

AGE

9 years

WEIGHT

25 #



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HOSPITAL NAME

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REFERRING VET

Dr Obstler

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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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