


**PATIENT PRESENTING CLINICAL SIGNS**

Princess Galindez History: Pancreatitis, inappetence, diarrhea.

**SPECIES** Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

**BREED** Serum Biochemistry: N/A.

Poodle Mix Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Intact Female **Urinary System**

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

6 years

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

**WEIGHT** Normal iliac lymph nodes. Ureters not visualized.

12 #

Normal renal size (left 3.8 cm, right 3.7 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**INTERPRETED BY** **Reproductive System**

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

Normal size and appearance of the uterus (0.8 cm) and ovaries (both 1 cm).

**IMAGING PERFORMED BY** **Adrenal Glands**

Normal position, echogenic appearance, shape, and size. Left 0.56/0.55 cm, right 0.43 cm.

Sonya Myers, DVM **Spleen**

**HOSPITAL NAME** Normal size (1.5 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

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**REFERRING VET** **Liver**

Dr Caja Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).

**INVOICE** **Gastrointestinal**

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**DATE** Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.39 cm, jejunum 0.29 cm, colon 0.16 cm) and peristaltic activity, and no distension of the lumen. Fluid and gas distended stomach with normal appearance and thickness of the wall. No obvious pyloric obstruction evident.

11/16/22


**PATIENT** *Pancreas*

Princess Galindez

Enlarged right lobe (0.7 x 3.8 cm) with a diffuse hypoechogenic appearance and irregular capsule. Normal size and appearance of the right lobe (0.9 cm). Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES**

Canine

*Free Abdomen*
**BREED**

Poodle Mix

Normal mesenteric lymph nodes (1.4 cm).  
No ascites.

**SEX**

Intact Female

Primary Findings:

- Pancreatitis.
- Gastric distension,

**Age**

6 years

Secondary Findings:

- Gall bladder sediment.

**WEIGHT**

12 #

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

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

The appearance of the pancreas is consistent with pancreatitis.

Although the gastric distension can be associated with the pancreatitis, hypomotility and pyloric obstruction foreign body, hyperplasia) needs to be considered.

Further assessment would be cPL/PSL assay monitoring the stomach by means of ultrasound after 24-36 hours of therapy and if there is still ongoing distension then gastroscopy would be indicated.

Management of the pancreatitis would be fluid therapy and correction of electrolyte anomalies as needed, opioid analgesics, anti-emetics, feeding a low-fat intestinal diet, and a short course of prednisolone (½ mg/kg SID for 3-5 days).

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary care  
and Emergency

**REFERRING VET**

Dr Caja

**INVOICE**

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**DATE**

11/16/22



**PATIENT**

Princess Galindez

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

Intact Female

**Age**

6 years

**WEIGHT**

12 #

**IMAGES**

**Pancreas**



**Stomach**



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary care and Emergency

**REFERRING VET**

Dr Caja

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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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