**PATIENT PRESENTING CLINICAL SIGNS**

Bernard Wray

History: Anorexia, diarrhea, sudden onset hepatopathy.

**SPECIES**

Canine

Physical Examination: Icteric.

Urinalysis: N/A.

**BREED**

Labrador

CBC: Lymphopenia.

Serum Biochemistry: Severely elevated liver enzyme activity and bilirubin.

Radiographic Findings: N/A.

**SEX**

MN

**Age**

10 years

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

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

**WEIGHT**

34.8 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 8.7 cm, right 8.4 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

**Reproductive System**

Small hypoechoic prostate.

**IMAGING PERFORMED BY**

Dr Sarah Barthelemy

**Adrenal Glands**

Normal position, echogenic appearance, shape, and size. Left 0.58 cm, right 0.53 cm.

**HOSPITAL NAME**Britannia Kingsland Vet  
Clinic**Spleen**

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Small focal hypoechoic parenchymal nodule (0.6 cm) in the tail. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**REFERRING VET**

Dr Murphy

**Liver**

Normal size with a diffuse hypoechoic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Thickened (0.3 cm) and hyperechoic appearance of the gall bladder wall. Normal bile duct.

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**Gastrointestinal****DATE**

11/16/22

Normal appearance of the stomach, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen. Segmental thickening of the proximal duodenum with no loss of layering or distension of the lumen.



**PATIENT** *Pancreas*

Bernard Wray

Enlarged with a hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES**

*Free Abdomen*

Canine

Normal mesenteric lymph nodes (0.5 cm).  
No ascites.

**BREED**

Labrador

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Primary Findings:

MN

- Pancreatitis.
- Hepatopathy.
- Duodenal thickening.

**Age**

10 years

Secondary Findings:

**WEIGHT**

34.8 kg

- Splenic nodule.
- Previous cholecystitis.
- Age-related renal changes.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the pancreas is consistent with pancreatitis and could account for the hepatopathy and duodenal thickening.

**IMAGING PERFORMED BY**

Dr Sarah Barthelemy

Differential diagnoses for the hepatopathy would be acute hepatitis (viral, bacterial, toxins), Leptospirosis, and infiltrative neoplasia.

**HOSPITAL NAME**

Britannia Kingsland Vet  
Clinic

Differential diagnoses for the duodenum would be non-specific duodenitis (viral, bacterial, protozoa, helminths, toxins, dietary indiscretion), inflammatory bowel disease, dietary hypersensitivity, and emerging neoplasia.

**REFERRING VET**

Dr Murphy

Etiologies for the splenic nodule would be incidental finding reactive nodule, granuloma, and neoplasia.

As the gall bladder is not the distended and the contents normal, the appearance of the wall is consistent with a previous episode of cholecystitis.

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Further assessment would be fecal analysis, cPL/PSL assay, *Leptospira* PCR/serology, and FNA cytology of the liver.

**DATE**

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Specific therapy would be dependent on an etiological diagnosis. Management of the pancreatitis would be fluid therapy and correction of electrolyte abnormalities as needed, low-fat intestinal diet, anti-emetics, gastric protectants, and opioid analgesics.



**PATIENT**

Bernard Wray

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

MN

**Age**

10 years

**WEIGHT**

34.8 kg

**IMAGES**

**Spleen**



**Liver**



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Sarah Barthelemy

**HOSPITAL NAME**

Britannia Kingsland Vet  
Clinic

**REFERRING VET**

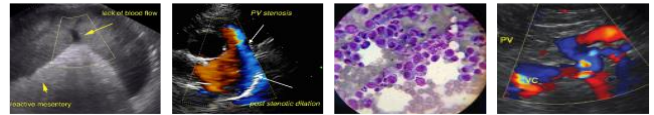
Dr Murphy

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**DATE**

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**PATIENT**

**Gall bladder**

Bernard Wray

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

MN

**Age**

10 years

**WEIGHT**

34.8 kg



**Pancreas**

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Sarah Barthelemy

**HOSPITAL NAME**

Britannia Kingsland Vet  
 Clinic

**REFERRING VET**

Dr Murphy

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**DATE**

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