


PATIENT PRESENTING CLINICAL SIGNS

Wes Lundy History: Acute collapse with neurological signs but no obvious seizures.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: Hypoglycemia, insulin assay pending.

Mixed Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN

Urinary System

Age

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

11 years

WEIGHT Normal trigone area, proximal urethra (0.7 cm), and iliac blood vessels.

55 # Normal iliac lymph nodes (1.9 cm). Ureters not visualized.

Normal renal size (left 6.3 cm, right 6 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule. Bilateral pinpoint mineralization.

INTERPRETED BY
Reproductive System

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

Small hypoechoic prostate (0.7 cm).

Adrenal Glands

Normal position, echogenic appearance, shape, and size. Left 0.49/0.45 cm, right 0.71 cm.

Spleen

Normal size (2 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

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 (0.2 cm).

Gastrointestinal

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.43 cm, jejunum 0.43 cm, colon 0.25 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the gastric wall (1 cm) with no loss of layering or distension of the lumen. Ingesta within the stomach.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary care
and Emergency

REFERRING VET

Dr Lawrence

INVOICE

303584

DATE

11/22/22


PATIENT *Pancreas*

Wes Lundy Normal size and appearance of the right lobe. Normal size with a hyperechogenic appearance and irregular capsule of the left lobe. Focal hypoechogenic parenchymal nodule (1 x 1.4 cm) in the left lobe. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES

Canine *Free Abdomen*

BREED

Normal mesenteric lymph nodes (2.1 cm).
No ascites.

Mixed

ULTRASONOGRAPHIC FINDINGS
SEX

Primary Findings:

MN

- Pancreatic nodule.
- Focal pancreatitis?
- Gastric thickening.

Age

11 years

Secondary Findings:

WEIGHT

- Gall bladder sediment.

55 #

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the pancreatic nodule would be insulinoma, granuloma, reactive nodule, and neoplasia.

Although the appearance of the left pancreatic lobe may be associated with the nodule, chronic pancreatitis needs to be considered.

IMAGING PERFORMED BY

Sonya Myers, DVM

Etiologies for the gastric thickening would be non-specific gastritis, helminths, *Helicobacter* gastritis, ulcerative disease, inflammatory bowel disease, and neoplasia.

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and Emergency

The gall bladder sediment is most likely an incidental finding but should be monitored for possible development of a mucocele.

REFERRING VET

Dr Lawrence

Further assessment needs to be based on the pending results but could include fecal analysis, cPL/PSL assay, 3-view thoracic radiographs, FNA cytology of the pancreatic nodule, and gastroscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

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PATIENT

Wes Lundy

SPECIES

Canine

BREED

Mixed

SEX

MN

Age

11 years

WEIGHT

55 #

IMAGES

Stomach



Pancreas



INTERPRETED BY

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IMAGING PERFORMED BY

Sonya Myers, DVM

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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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