



**PATIENT PRESENTING CLINICAL SIGNS**

Sara Goodman History: Chronic GI tract disease – treated with prednisone and diet with good improvement. Last prednisone dose was 10 days ago. Now showing vomiting, diarrhea, hyporexia.

**SPECIES** Physical Examination: Icterus, abdominal discomfort, dehydration.

Canine Urinalysis: N/A.

**BREED** CBC: N/A.

Beagle Mix Serum Biochemistry: Elevated ALT activity and bilirubin.

Radiographic Findings: N/A.

**SEX**

FS

**Age**

8 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**

35 #

Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels.

Normal iliac lymph nodes (1.7 cm). Ureters not visualized.

**INTERPRETED BY**

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

Normal renal size (left 5 cm, right 5.6 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis. Bilateral mineralization and irregular capsule.

**Reproductive System**

N/A.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**Adrenal Glands**

Normal position, shape, echogenic appearance, and size. Left 0.53/0.28 cm, right 0.46/0.58 cm.

**HOSPITAL NAME**

Lake Emma Animal  
 Hospital

**Spleen**

Normal size (2.2 cm) 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 Crainick

**Liver**

Normal size, diffuse mottled echogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Distended gall bladder containing large amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Dilated (1 cm) and tortuous appearance of the bile duct containing hyperechogenic sediment. Hyperechogenic appearance of the mesentery surrounding the bile duct.

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**DATE**

11/30/22


**PATIENT**
***Gastrointestinal***

Sara Goodman

Normal appearance of the stomach, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.43 cm, jejunum 0.47 cm, colon 0.27 cm) and peristaltic activity, and no distension of the lumen. Thickening of the duodenum (0.6 cm) with no loss of layering or distension of the lumen.

**SPECIES**

Canine

***Pancreas***
**BREED**

Beagle Mix

Enlarged (right 1.7 cm) with a hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**SEX**

FS

Normal mesenteric lymph nodes (3.5 cm).

**Age**

8 years

Hyperechogenic appearance of the fat in the cranial abdomen.

**ULTRASONOGRAPHIC FINDINGS**
**WEIGHT**

35 #

Primary Findings:

- Bile duct obstruction.
- Gall bladder sediment
- Pancreatitis.
- Hepatopathy.
- Enteropathy.

**INTERPRETED BY**

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MMedVet (Med), PhD,  
Dipl. ECVIM

Secondary Findings:

- Age-related renal changes.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
**HOSPITAL NAME**

Lake Emma Animal  
Hospital

The appearance of the bile duct and gall bladder is consistent with an obstruction, which could be secondary to the pancreatitis.

**REFERRING VET**

Dr Crainick

Etiologies for the hepatopathy would be secondary to the pancreatitis, reactive, vacuolar, metabolic, early nodular hyperplasia, chronic hepatitis, and infiltrative neoplasia.

Although the enteropathy is in line with the history of chronic GI disease with possible etiologies being inflammatory bowel disease, dietary hypersensitivity, and parasitic enteritis; it may have been exacerbated by the pancreatitis.

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Further assessment would be cPL/PSL assay and FNA cytology of the liver.

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Management of the pancreatitis would be fluid therapy, correction of electrolyte anomalies as needed, low-fat-intestinal diet, opioid analgesics, and anti-emetics. Ultrasound monitoring of the gall bladder and bile duct would be recommended and if there is no improvement or deterioration then cholecystectomy and/or stenting of the bile duct would be indicated. This would also allow for biopsy of the liver and small intestine.



**PATIENT**

Sara Goodman

**SPECIES**

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**REFERRING VET**

Dr Crainick

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**DATE**

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**IMAGES**

**Liver**



**Gall bladder**





**PATIENT Bile duct**

Sara Goodman

**SPECIES**

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**Pancreas**

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**PATIENT** Abdominal fat

Sara Goodman

**SPECIES**

Canine

**BREED**

Beagle Mix

**SEX**

FS

**Age**

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**WEIGHT**

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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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