



PATIENT PRESENTING CLINICAL SIGNS

Einstein Smith History: Anorexia, lethargy, few episodes of vomiting. Previous history of pancreatitis, epilepsy, and splenectomy.

SPECIES Physical Examination: Profoundly sedate, tense/painful abdomen, polypnea.

Canine Urinalysis: N/A.

BREED CBC: N/A.

Corgi Serum Biochemistry: N/A.

Radiographic Findings: N/A.

SEX

MN

Age

7 years

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

WEIGHT

49 #

Normal trigone area, proximal urethra (0.5 cm), and iliac blood vessels.

Normal iliac lymph nodes (1.8 cm). Ureters not visualized.

INTERPRETED BY

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

Normal renal size (left 6.8 cm, right 6.9 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

Small hypoechogenic prostate.

IMAGING PERFORMED BY

Sonya Myers, DVM

Adrenal Glands

Normal position, echogenic appearance, shape, and size. Left 0.67/0.43 cm, right 0.67/0.75 cm.

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Spleen

Absent -previous splenectomy.

Liver

REFERRING VET

Dr Caja

Enlarged with rounded edges, diffuse hyperechogenic appearance, loss of portal markings, and irregular capsule. Multiple isoechogenic solid parenchymal masses (up to 6 x 6 cm in size) with distortion of the overlying capsule. Full gall bladder containing moderate amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Bile duct not visualized.

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Gastrointestinal

DATE

12/1/22

Normal appearance of the stomach, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (jejunum 0.26 cm, colon 0.6 cm) and peristaltic activity, and no distension of the lumen. Thickening of the duodenum (0.78 cm) with no loss of layering or distension of the lumen. Large amount of ingesta within the stomach.



PATIENT *Pancreas*

Einstein Smith Enlarged with a diffuse hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas. Large irregular mottled echogenic parenchymal mass (4 x 5 cm) in the cranial aspect of the right lobe.

SPECIES

Canine

Free Abdomen

BREED

Corgi

No mesenteric lymphadenomegaly.
Small amount of ascites.
Hyperechogenic appearance of the cranial mesentery with small air pockets.

SEX

MN

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Hepatic and pancreatic masses.
- Pancreatitis.
- Hepatopathy.
- Duodenopathy.
- Focal peritonitis.

Secondary Findings:

- Gall bladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatic and pancreatic masses would be neoplasia with granulomatous disease a differential diagnosis; and a differential diagnosis for the pancreatic mass being severe pancreatitis.

IMAGING PERFORMED BY

Sonya Myers, DVM

Etiologies for the hepatopathy would be secondary to the masses and pancreatitis, chronic hepatitis, nodular hyperplasia, and infiltrative neoplasia.

HOSPITAL NAME

Oviedo Veterinary Care and
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The duodenopathy and focal peritonitis can be ascribed to the pancreatitis with bacterial peritonitis, a differential diagnosis.

REFERRING VET

Dr Caja

Further assessment would be cPL/PSL assay, 3-view thoracic radiographs, FNA cytology of the liver and pancreas masses, and analysis of the ascitic fluid.

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Specific therapy would be dependent on an etiological diagnosis. Initial management would be fluid therapy, analgesics, anti-emetics, and intra-venous antibiotics.



PATIENT IMAGES

Einstein Smith **Liver**

SPECIES

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BREED

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PATIENT Pancreas

Einstein Smith

SPECIES

Canine

BREED

Corgi

SEX

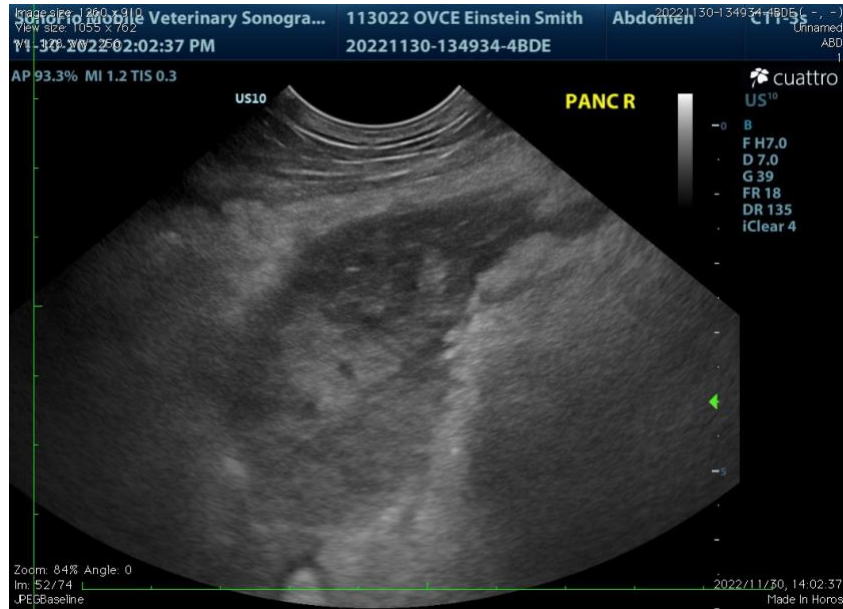
MN

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Duodenum

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PATIENT Cranial abdomen

Einstein Smith

SPECIES

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BREED

Corgi

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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.

IMAGING PERFORMED BY

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