


PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Buddy Keehbauch
History: Suspected pyloric obstruction.

SPECIES
Physical Examination: N/A.

Canine
Urinalysis: N/A.

CBC: N/A.

BREED
Serum Biochemistry: N/A.

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.

9 years

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

WEIGHT

56 #

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

Normal renal size (left 6.6 cm, right 6.5 cm) echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

INTERPRETED BY

Reproductive System

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

Small hypoechogenic prostate (0.8 cm).

IMAGING PERFORMED BY

Adrenal Glands

Sonya Myers, DVM

Normal position, echogenic appearance, and shape but plump in size. Left 0.73/0.55 cm, right 0.72/0.66 cm.

HOSPITAL NAME

Spleen

Oviedo Veterinary care
and Emergency

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

Liver

Dr Chow

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

INVOICE

303537

DATE

11/8/22


PATIENT
Gastrointestinal

Buddy Keehbauch

SPECIES

Canine

BREED

Mixed

SEX

MN

Age

9 years

WEIGHT

56 #

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 Chow

INVOICE

303537

DATE

11/8/22

Fluid distended stomach with segmental thickening of the wall (up to 0.6 cm) but with no loss of layering. Irregular shadowing foreign body (2.3 cm) in the proximal duodenum with thickening of the wall (0.62 cm) but no loss of layering. Normal appearance and thickness of the small intestine (0.37 cm) and ileo-cecal junction. Segmental thickening of the colon (up to 0.67 cm) but with no loss of layering. Hyperechogenic appearance of the mesentery surrounding the stomach and duodenum

Pancreas

Enlarged (right 2.6, 1.2 cm) with a diffuse hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes (1.6 cm).
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Duodenal foreign body.
- Pancreatitis.
- Gastroenteropathy.
- Adrenomegaly.

Secondary Findings:

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with pancreatitis and most likely secondary to the duodenal foreign body.

The gastroenteropathy can be ascribed to both the pancreatitis and duodenal foreign body.

The most likely etiology for the plump adrenal glands would be disease stress with emerging pituitary-dependent Cushing's disease a differential diagnosis.

Initial further assessment/therapy would be laparotomy and stabilization of the pancreatitis – fluid therapy, opioid analgesics, anti-emetics, and feeding a low-fat intestinal diet.



PATIENT

Buddy Keehbauch

SPECIES

Canine

BREED

Mixed

SEX

MN

Age

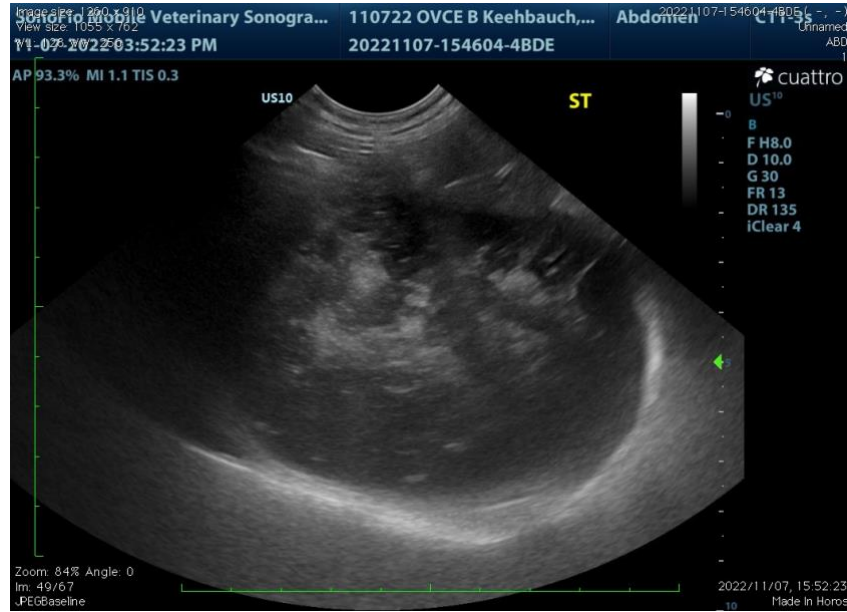
9 years

WEIGHT

56 #

IMAGES

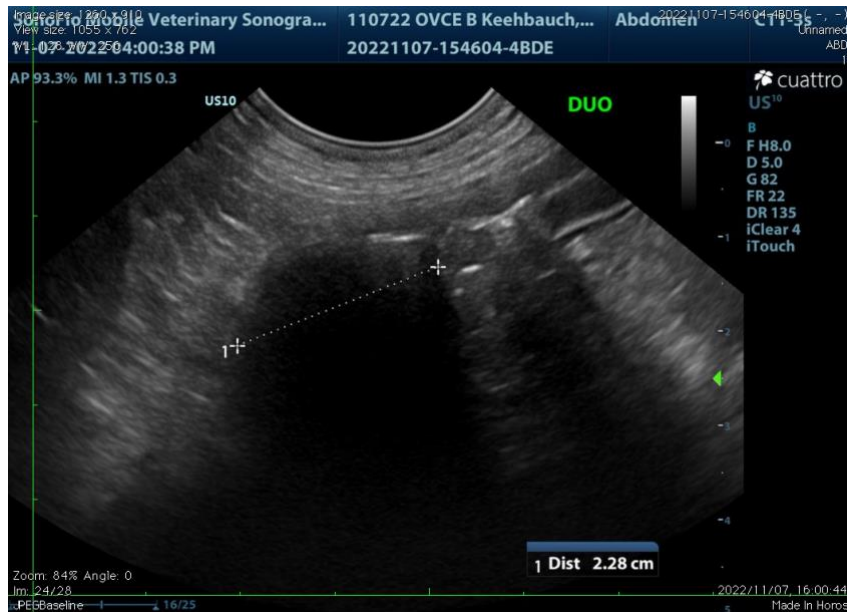
Stomach



INTERPRETED BY

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

Duodenum



IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary care
 and Emergency

REFERRING VET

Dr Chow

INVOICE

303537

DATE

11/8/22



PATIENT Pancreas

Buddy Keehbauch

SPECIES

Canine

BREED

Mixed

SEX

MN

Age

9 years

WEIGHT

56 #



INTERPRETED BY

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

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)
rlobetti@mweb.co.za

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary care
 and Emergency

REFERRING VET

Dr Chow

INVOICE

303537

DATE

11/8/22