


**PATIENT**

Rookie Tompkins

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

MN

**Age**

3 years

**WEIGHT**

23 #

**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 Adams-White

**INVOICE**

303538

**DATE**

11/8/22

**PRESENTING CLINICAL SIGNS**

History: Anorexia, vomiting. On phenobarbitone for seizures.

Physical Examination: Tense/painful abdomen.

Urinalysis: N/A.

CBC: Neutropenia.

Serum Biochemistry: Elevated ALP activity, bilirubin, amylase, and lipase. Abnormal cPL.

Radiographic Findings: N/A.

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

Full urinary bladder with a normal thickness and appearance of the wall. Small amount of floating hyperechogenic sediment. No uroliths evident.

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

Normal iliac lymph nodes (0.7 cm). Ureters not visualized.

Normal renal size (left 4.7 cm, right 4.5 cm) echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**Reproductive System**

Small hypoechogenic prostate (0.7 cm).

**Adrenal Glands**

Normal position, echogenic appearance, shape, and size. Left 0.52/0.46 cm, right 0.42/0.39 cm.

**Spleen**

Normal size (1.2 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 normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

**Gastrointestinal**

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.39 cm, duodenum 0.46 cm, jejunum 0.47 cm, colon 0.19 cm) and peristaltic activity, and no distension of the lumen.



**PATIENT** *Pancreas*

Rookie Tompkins

Severely enlarged (right 1.4, left 7.1 cm) with a diffuse hypoechoogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Canine

Normal mesenteric lymph nodes (1.9 cm).  
Small amount of acellular ascites.

**BREED**

Mixed

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

**SEX**

- Pancreatitis.
- Ascites.

**MN**

**Age**

Secondary Findings:

3 years

- Urinary bladder sediment.

**WEIGHT**

23 #

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the pancreas is consistent with acute pancreatitis with associated regional mesenteric inflammation and ascites.

**INTERPRETED BY**

Further assessment that could be considered would be urinalysis, urine culture, and cPL/PSL assay.

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

Management would be fluid therapy, correction of electrolyte anomalies (if present), opioid analgesics, anti-emetics, feeding a low-fat intestinal diet, and a short course of prednisolone (½ mg/kg SID for 3-5 days).

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary care and  
Emergency

**REFERRING VET**

Dr Adams-White

**INVOICE**

303538

**DATE**

11/8/22



**PATIENT**

Rookie Tompkins

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

MN

**Age**

3 years

**WEIGHT**

23 #

**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 Adams-White

**IMAGES**

**Pancreas**



**INVOICE**

303538

**DATE**

11/8/22

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](mailto:rlobetti@mweb.co.za)