



**PATIENT PRESENTING CLINICAL SIGNS**

Stella Kerr History: DKA, anorexia, UTI.

**SPECIES** Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

**BREED** Serum Biochemistry: Severely elevated ALP activity and lipase, elevated ALT and GGT activity, hypokalemia.

Mixed Radiographic Findings: N/A.

**SEX**

FS

**Age**

11 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**

18 #

Normal trigone area, proximal urethra (0.2 cm), and iliac blood vessels.

Normal iliac lymph nodes (1.4 cm). Ureters not visualized.

**INTERPRETED BY**

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

Normal renal size (left 5.4 cm, right 6 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**Reproductive System**

N/A.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**Adrenal Glands**

Normal position, echogenic appearance, shape, and size. Left 0.46/0.63 cm, right 0.56/0.67 cm. Rounded appearance of the caudal pole of the left adrenal gland.

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**Spleen**

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Small hypoechoic parenchymal nodule (0.4 cm) in the body of the spleen. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**REFERRING VET**

Dr Caja

**Liver**

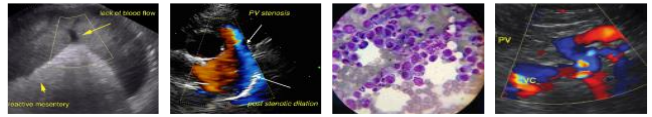
**INVOICE**

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Enlarged with rounded edges, diffuse hyperechogenic appearance, loss of 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).

**DATE**

11/10/22


**PATIENT** *Gastrointestinal*

Stella Kerr  
**SPECIES** Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.32, jejunum 0.32 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the stomach (0.69 cm) and colon (0.54 cm) with no loss of layering or distension of the lumen.

Canine

**Pancreas**

**BREED** Enlarged (right 1.5 cm, left 0.9 cm) with a diffuse hyperechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Mixed

**Free Abdomen**
**SEX**

Mesenteric lymphadenomegaly (0.4 x 2.5 cm) with normal shape and echogenic appearance.  
 FS No ascites.

FS

**Age**

11 years

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Pancreatitis.
- Hepatopathy.
- Gastric/colonic thickening.
- Mesenteric lymphadenomegaly.

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Secondary Findings:

- Splenic nodule.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the pancreas is consistent with pancreatitis.

Etiologies for the hepatopathy would be secondary to the pancreatitis, reactive, metabolic, hepatitis (viral, bacterial, toxins), leptospirosis, and infiltrative neoplasia.

Although the gastric and colonic changes can be attributed to the pancreatitis, gastritis (dietary indiscretion, toxins, helminths, ulceration, *Helicobacter* gastritis, inflammatory bowel disease, neoplasia) and colitis (helminths, granulomatous disease, inflammatory bowel disease, neoplasia) need to be considered.

The most likely etiology for the mesenteric lymph nodes would be reactive secondary to the pancreatitis.

Both the splenic nodule and rounded appearance of the caudal pole of the left adrenal gland can be considered incidental findings.

Initial further assessment would be fecal analysis and cPL/PSL assay and once stabilized, FNA cytology of the liver and endoscopy of both the upper and lower GI tract could be considered.

Initial management would be fluid therapy, correction of the hypokalemia, analgesics (opioid and NSAIDs), low-fat intestinal diet, anti-emetics, and gastric protectants.



**PATIENT**

Stella Kerr

**SPECIES**

Canine

**BREED**

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**IMAGES**

**Stomach**



**Colon**



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**PATIENT** Pancreas

Stella Kerr

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

FS

**Age**

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**WEIGHT**

18 #



**Liver**

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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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