



PATIENT PRESENTING CLINICAL SIGNS

Bromley Kieffer History: Lethargy past 4 days.

SPECIES Physical Examination: Icterus.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: Elevated liver enzyme activity and bilirubin. Severely prolonged PT/PTT.

Mixed Radiographic Findings: Loss of abdominal serosal detail.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS **Urinary System**

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

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

WEIGHT Iliac lymphadenomegaly (0.6 x 2 cm) with a normal shape and echogenic appearance. Ureters not visualized.

35 #

INTERPRETED BY Normal renal size (left 5.1 cm, right 5.9 cm), echogenic appearance, cortico-medullary differentiation, pelvis and capsule.

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Reproductive System

N/A.

IMAGING PERFORMED BY Adrenal Glands

Sonya Myers, DVM Normal position, echogenic appearance, shape, and size. Left 0.43/0.48 cm, right 0.61/0.62 cm.

HOSPITAL NAME Spleen

Oviedo Veterinary Care and Emergency Normal size (1.7 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 Jones Small with a diffuse hypoechogenic appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Thickened (0.8 cm) and hyperechogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).

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303685

DATE

12/20/22


PATIENT
Gastrointestinal

Bromley Kieffer

SPECIES

Canine

BREED

Mixed

SEX

FS

Age

5 years

WEIGHT

35 #

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ECVIM

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

 Oviedo Veterinary Care and
Emergency

REFERRING VET

Dr Jones

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Normal appearance of the duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (duodenum 0.46 cm, jejunum 0.38 cm) and peristaltic activity, and no distension of the lumen. Severe thickening of the gastric wall (1.7 cm) and thickening of the colon (0.62 cm) with no loss of layering or distension of the lumen. Corrugated appearance of the colon.

Pancreas

Enlarged (2.7 x 7 cm) with a diffuse hypoechogenic appearance. Irregular capsule and visible pancreatic duct. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Mesenteric lymphadenomegaly (0.5 x 3.7 cm) with a normal shape and echogenic appearance. Small amount of acellular ascites.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Pancreatitis.
- Gastro-colonopathy.
- Cholecystitis.
- Lymphadenomegaly.
- Ascites.

Secondary Findings:

- Urinary bladder sediment.
- Micro-hepatic.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with acute pancreatitis and could account for the gastro-colonopathy, cholecystitis, lymphadenomegaly, and ascites.

Other differential diagnoses for the gastro-colonopathy would be non-specific (viral, bacterial protozoa, helminths, toxins, dietary indiscretion), *Helicobacter* gastritis, ulcerative disease, inflammatory bowel disease, granulomatous colitis, and dietary hypersensitivity.

Although the micro-hepatic may be an incidental finding, portal systemic shunt and primary portal vein hypoplasia needs to be considered.

Further assessment would be urine and fecal analysis and cPL/PSL assay and once the pancreatitis has resolved, pre-and post-prandial bile acids.

Therapy would be fluids, plasma transfusion, correction of electrolyte anomalies as needed, opioid analgesics, anti-emetics, gastric protectants, short course of prednisolone (½ mg/kg SID for 3-5 days), and low-fat intestinal diet.



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Bromley Kieffer

SPECIES

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IMAGES

Pancreas



Stomach





PATIENT

Gall bladder/liver (stomach)

Bromley Kieffer

SPECIES

Canine

BREED

Mixed

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FS

Age

5 years

WEIGHT

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Colon

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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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