



PATIENT PRESENTING CLINICAL SIGNS

Millie Ruiz History: Progressive hemorrhagic diarrhea, vomiting. Treated with antibiotics, Cerenia, Pro-Pectalin. Previous history of Cushing's disease treated with trilostane.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

BREED CBC: N/A.

Terrier Mix Serum Biochemistry: N/A.

Radiographic Findings: N/A.

SEX

Female

AGE

7 years

WEIGHT

15.8 #

INTERPRETED BY

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

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.

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size, echogenic appearance, cortico-medullary differentiation, capsule, and pelvis.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, and position but bilaterally enlarged. Left 1.78 x 0.7 cm, right 3.14 x 0.81 cm.

Spleen

Normal size (2.6 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted. Incidental myelolipoma (0.6 cm).

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Small focal hyperechogenic parenchymal nodule (0.6 cm). No masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction with no loss of layering, normal wall thickness, and no distension of the lumen. Thickening of the colon (0.5 cm) with some loss of layering. Ingesta-filled stomach. Chyle-filled and hypomotile proximal small intestine.

IMAGING PERFORMED BY

Dr Paul Kim

HOSPITAL NAME

Ridgefield Park Animal
Hospital

REFERRING VET

Dr Paul Kim

INVOICE

303690

DATE

12/21/22



PATIENT *Pancreas*

Millie Ruiz Normal size (left 0.4 cm, right 0.7 cm) with a diffuse hyperechogenic appearance and an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine No mesenteric lymphadenomegaly.
No ascites.

BREED

Terrier Mix

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

SEX

Female

- Pancreatitis.
- Thickened colonic wall
- Adrenomegaly.
- Intestinal ileus.

AGE

7 years

Secondary Findings:

- Hepatic nodule.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Etiologies for the pancreas would be fibrosis and chronic pancreatitis.

Etiologies for the colon would be granulomatous colitis, parasitic, inflammatory bowel disease, and emerging neoplasia.

The focal adrenomegaly is consistent with the previous diagnosis of Cushing's disease.

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Etiologies for the stomach and small intestine would be secondary to the pancreatitis and non-specific gastroenteritis – viral, bacterial, protozoa, helminths, toxins, dietary indiscretion.

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Further assessment would be fecal analysis, cPL/PSL assay, rectal cytobrush cytology, and possibly colonoscopy with biopsies.

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be to continue with the Cerenia and Pro-Pectalin, feed an intestinal diet, metoclopramide, and possibly olsalazine or sulfasalazine.

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PATIENT IMAGES

Millie Ruiz **Pancreas**

SPECIES

Canine

BREED

Terrier Mix

SEX

Female

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PATIENT **Colon**

Millie Ruiz

SPECIES

Canine

BREED

Terrier Mix

SEX

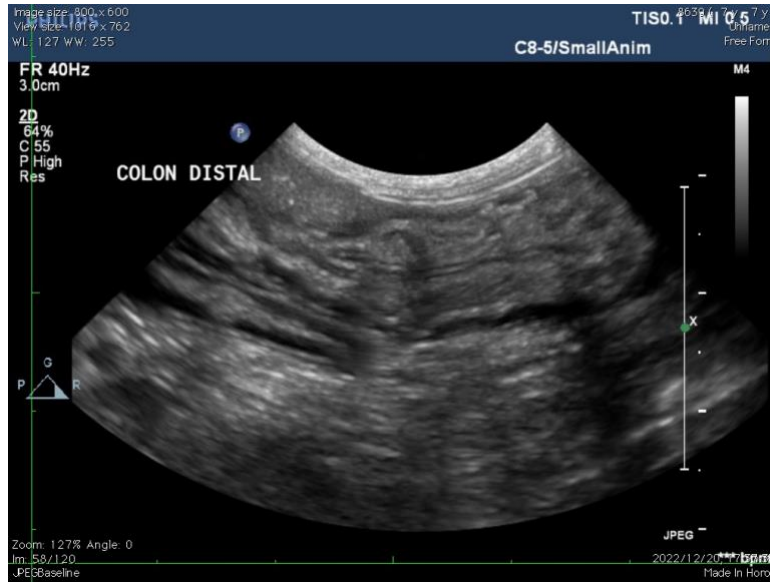
Female

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Small intestine



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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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