


PATIENT PRESENTING CLINICAL SIGNS

Bishop Hutson

History: Dyspnea, PuPd, vomiting. Previous diagnosis of tracheal collapse.

SPECIES

Physical Examination: Cranial abdominal pain.

Canine

Urinalysis: Glucosuria, bacteruria.

CBC: N/A.

BREED

Serum Biochemistry: Elevated liver enzyme activity, hypokalemia, and hyponatremia.

Pomeranian

Radiographic Findings: N/A.

SEX
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Intact Male

Urinary System
Age

Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

5 years

WEIGHT

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

4.1 kg

Normal iliac lymph nodes. Ureters not visualized.

INTERPRETED BY

Normal renal size (left 4.3 cm, right 4.9 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

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

Reproductive System

Normal size (1.4 cm) and echogenic appearance of the prostate.

IMAGING PERFORMED BY
Adrenal Glands

Normal position, echogenic appearance, shape, and size. Left 0.41/0.41 cm, right 0.58/0.46 cm.

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Spleen
HOSPITAL NAME

Normal size with a diffuse hyperechogenic appearance and poor blood flow. Smooth homogenous parenchyma and regular curvilinear capsule.

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Liver
REFERRING VET

Enlarged with rounded edges, hyperechogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

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PATIENT *Gastrointestinal*

Bishop Hutson Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen. Fecal material within the colon.

SPECIES

Canine *Pancreas*

Enlarged with a diffuse hypoechogenic appearance. Irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

BREED

Pomeranian *Free Abdomen*

SEX

Intact Male No mesenteric lymphadenomegaly
No ascites.

Age

5 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

WEIGHT

4.1 kg

- Pancreatitis.
- Hepatopathy.
- Splenic pathology.

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Secondary Findings:

- Gall bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with pancreatitis.

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

Etiology for the spleen would be reactive secondary to the pancreatitis, splenitis, early/previous torsion, and infiltrative neoplasia.

Although the hyperglycemia and glycosuria may be secondary to the pancreatitis (transient diabetes), type I diabetes needs to be considered.

Further assessment needs to be based on the pending cytology results but could include thoracic radiographs, urine culture, fructosamine and cPL/PSL assay. Monitoring of the spleen by means of ultrasound and serial blood glucose would be recommended.

Specific therapy would be dependent on etiological diagnosis. Initial management would be fluid therapy, correction of the electrolyte anomalies, anti-emetics, opioid analgesics, and low-fat intestinal diet. Insulin therapy is only indicated with type I diabetes and not with transient diabetes associated with pancreatitis.

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PATIENT

Bishop Hutson

SPECIES

Canine

BREED

Pomeranian

SEX

Intact Male

Age

5 years

WEIGHT

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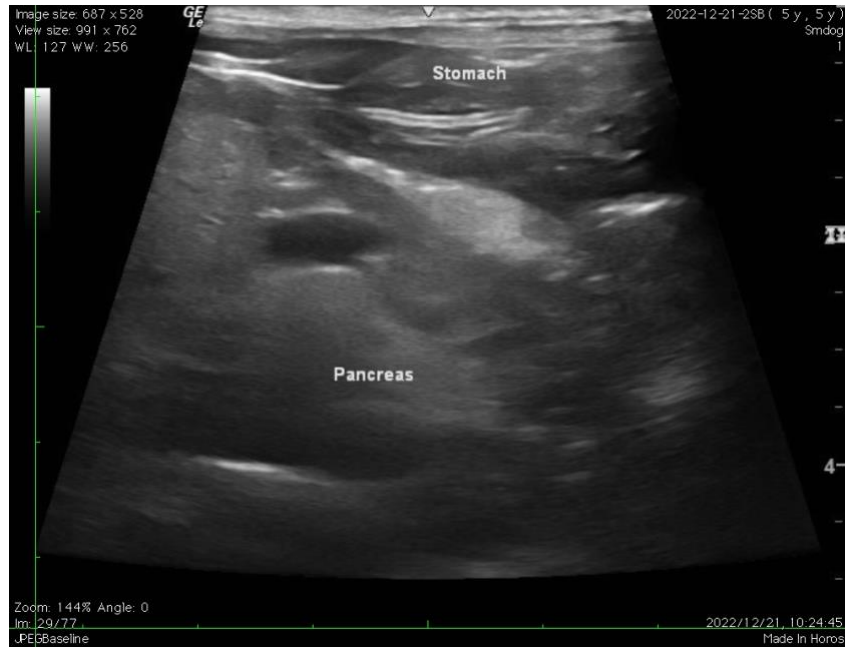
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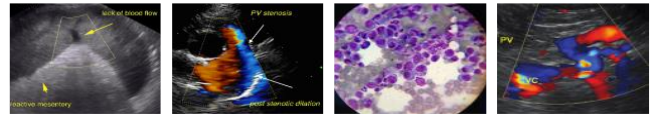
IMAGES

Pancreas



Liver





PATIENT

Spleen

Bishop Hutson

SPECIES

Canine

BREED

Pomeranian

SEX

Intact Male

Age

5 years

WEIGHT

4.1 kg



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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.

IMAGING PERFORMED BY

Dr Sarah Barthelemy

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

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