



**PATIENT PRESENTING CLINICAL SIGNS**

Estrella Then De La Cruz

History: Vomiting, diarrhea, and inappetence.

**SPECIES**

Physical Examination: Firm structure in the cranial abdomen on palpation.

Canine

Urinalysis: N/A.

**BREED**

Fecal Analysis: Negative.

Mixed

CBC: Low normal red and white cell count.

**SEX**

Radiographic Findings: Initially showed severe gastric and intestinal dilation with gas with loss of serosal detail right cranial hemiabdome with displacement of the intestines and stomach. GI tract dilation resolved on subsequent radiographs.

Female

**AGE**

15 years

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**WEIGHT**

15.7 #

**Urinary System**

Full urinary bladder with a thickened (0.47 cm) and irregular appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

**INTERPRETED BY**

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

Normal iliac lymph nodes (0.5 cm). Ureters not visualized.

Normal renal size (left 5.5 cm, right 5.7 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, normal capsule, and pyelectasia (left 0.2 cm, right 0.17 cm).

**IMAGING PERFORMED BY**

Dr Ferrer, DVM

**Reproductive System**

N/A.

**HOSPITAL NAME**

Paseos Veterinary Center

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position. Left 0.5 cm, right 0.69 cm.

**REFERRING VET**

Dr Mayra Fonseca Rivera

**Spleen**

Normal size (1.2 cm) with an increased echogenic and fine nodular appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

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**Liver**

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Distended gall bladder containing large amount of both adherent and non-adherent hyperechoic sediment, which in some areas is forming a stellate pattern. Normal thickness and appearance of the gall bladder wall. Normal bile duct.

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2/22/22



**PATIENT** *Gastrointestinal*

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Normal appearance of the, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.43 cm, jejunum 0.32, ileum 0.18 cm) and peristaltic activity, and no distension of the lumen. Thickened gastric wall (1.1 cm) with a mottled echogenic appearance and loss of layering in some areas.

**SPECIES**

Canine

*Pancreas*

**BREED**

Mixed

Enlarged (right 1.9 cm, left 1.5 cm) with a diffuse hypoechoogenic appearance. Irregular capsule. Hyperechoogenic appearance of the mesentery and fat surrounding the pancreas.

**SEX**

Female

No mesenteric lymphadenomegaly.  
Small amount acellular ascites cranial abdomen.

**AGE**

15 years

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Pancreatitis.
- Mucocele.
- Gastric thickening.
- Thickened urinary bladder.
- Splenic pathology.
- Ascites.

**WEIGHT**

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Secondary Findings:

- Age-related renal changes.

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**REFERRING VET**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the pancreatitis is typical for pancreatitis.

Etiologies for the gastric thickening would be secondary to the pancreatitis, *Helicobacter* gastritis, granulomatous gastritis, inflammatory bowel disease, parasitic gastritis, and ulcerative disease.

Etiologies for the urinary bladder would be chronic cystitis (bacterial, sterile) and emerging neoplasia.

Etiologies for the spleen would be reactive, extra-medullary hematopoiesis, hyperplasia, granulomatous reaction, splenitis, abscessation, and infiltrative neoplasia.

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The mild ascites can be ascribed as secondary to the intra-abdominal pathology.

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The hematological changes and hyperproteinemia are supportive of chronic ehrlichiosis.

Further assessment would be urinalysis, urine culture, cPL/PSL assay, FNA cytology of the spleen and gastric wall, and possibly gastroscopy with biopsies. Ascitic fluid analysis and catheter-assisted aspirate/biopsy of the urinary bladder could also be considered.



**PATIENT**

Estrella Then De La Cruz

Specific therapy would be dependent on an etiological diagnosis. Management of the pancreatitis would be fluid therapy as needed, feeding a low-fat intestinal diet, analgesics (opioids and/or NSAIDs), and anti-emetics Ursodiol can be considered for the mucocele.

**SPECIES**

Canine

**IMAGES**

**BREED**

Mixed

**Gall bladder**

**SEX**

Female

**AGE**

15 years

**WEIGHT**

15.7 #

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**Spleen**

**HOSPITAL NAME**

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**REFERRING VET**

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**PATIENT Stomach**

Estrella Then De La Cruz

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Female

**AGE**

15 years

**WEIGHT**

15.7 #



**Pancreas**

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**HOSPITAL NAME**

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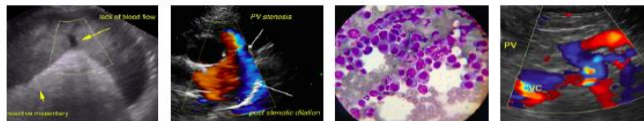
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**PATIENT**

**Urinary bladder**

Estrella Then De La Cruz

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

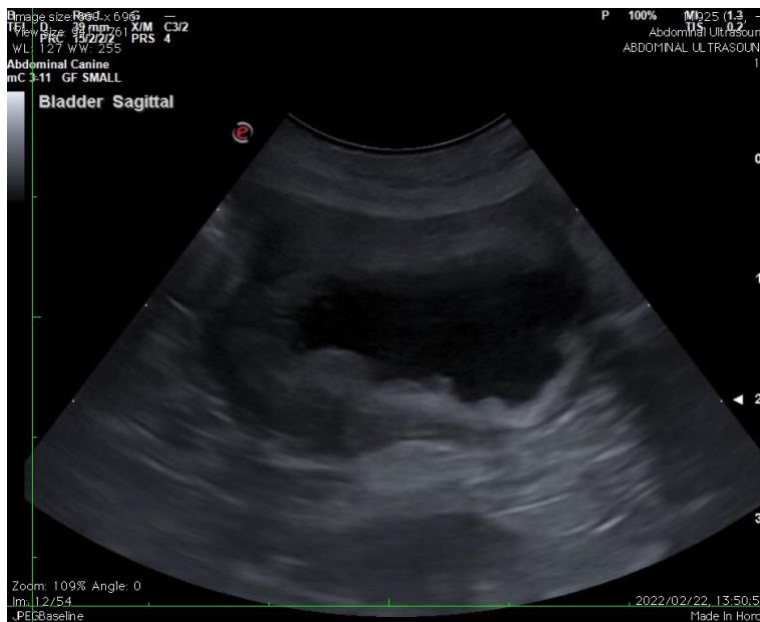
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**WEIGHT**

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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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