



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Icchi Drapiza History: Pancreatitis, suspect neoplasia.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: Normal.

BREED Serum Biochemistry: N/A.

Dachshund Radiographic Findings: N/A.

SEX

MN

Age

13 years

WEIGHT

15 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

REFERRING VET

Dr Lawrence

INVOICE

303929

DATE

2/24/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and appearance of the wall. Mottled echogenic irregular mass (0.6 x 3.7 cm) on the dorsal bladder wall. Moderate amount of floating hyperechogenic sediment present. No uroliths evident.

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

Normal iliac lymph nodes (1 cm). Ureters not visualized.

Normal renal size (left 5.4, right 5.6 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

Small hypoechogenic prostate (1 cm).

Adrenal Glands

Left adrenal – normal position and echogenic appearance with irregular shape and enlarged (0.92/0.74 cm).

Right adrenal – irregular mottled echogenic mass (1.8 x 2.8 cm) with no obvious infiltration into the surrounding vasculature (although poorly visualized).

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Isoechogenic parenchymal nodule (1.1 x 1.5 cm) in the body of the spleen with bulging of the overlying capsule.

Liver

Enlarged with rounded edges, hyperechogenic and nodular appearance, loss of portal markings, and regular curvilinear capsule. Nodules are hypoechogenic, ill-defined, parenchymal, and up to 2 cm in size. No masses evident. Full gall bladder containing small amount of dependent hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).



PATIENT

Gastrointestinal

Icchi Drapiza

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.47 cm, jejunum 0.44 cm, colon 0.15 cm) and peristalsis, and no distension of the lumen but with mild mucosal stippling. Segmental thickening of the stomach (up to 0.93 cm) with no loss of layering.

SPECIES

Canine

Pancreas

BREED

Dachshund

Enlarged (right 1.6 cm) with a diffuse hyperechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

Normal mesenteric lymph nodes (2.9 cm).

MN

Small amount of acellular ascites present.

Age

13 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Urinary bladder mass.
- Pancreatitis.
- Nodular hepatopathy.
- Left adrenomegaly.
- Right adrenal mass.
- Gastric thickening.
- Splenic nodule.

Secondary Findings:

- Gall and urinary bladder sediment.
- Ascites.
- Intestinal stippling.

WEIGHT

15 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

REFERRING VET

Dr Lawrence

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder mass would be a transitional cell carcinoma.

The appearance of the pancreas is consistent with chronic-active pancreatitis.

Etiologies for the nodular hepatopathy would be reactive, nodular hyperplasia, granulomatous disease, chronic hepatitis, and infiltrative neoplasia.

Etiologies for the left adrenomegaly would be disease stress and Cushing's disease.

Etiologies for the right adrenal mass would be functional/non-functional carcinoma and pheochromocytoma.

Etiologies for the gastric thickening would be chronic gastritis, *Helicobacter* gastritis, ulcerative disease, helminths, granulomatous disease, and neoplasia.

INVOICE

303929

DATE

2/24/23



PATIENT

Icchi Drapiza

Etiologies for the splenic nodule would hyperplasia, hematoma, granuloma, abscess, and neoplasia.

SPECIES

Canine

The ascites can be ascribed to the pancreatitis. Although the mucosal stippling could be associated with the pancreatitis, monitoring for the development of lymphangectasia would be recommended.

BREED

Dachshund

Initial further assessment would be fecal analysis and cPL/PSL assay and once the pancreatitis has resolved further assessment that could be considered would be adrenal function testing (ACTH stimulation/LDDS test), serial blood pressure, urine catecholamine assay, 3-view thoracic radiographs, FNA cytology of the liver and splenic nodule, abdominal CT, and gastroscopy with biopsies.

SEX

MN

Specific therapy would be a dependent on an etiological diagnosis. Management of the pancreatitis would be fluid therapy and correction of electrolyte anomalies, as needed, low-fat intestinal diet, analgesics (opioid and/or NSAIDs), and anti-emetics.

Age

13 years

IMAGES

Urinary bladder

WEIGHT

15 #

INTERPRETED BY

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

IMAGING PERFORMED BY

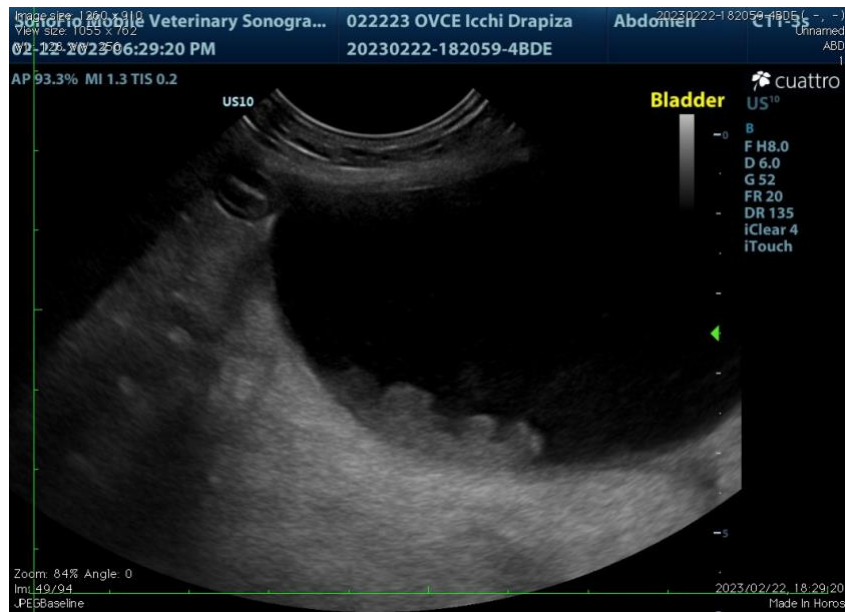
Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

REFERRING VET

Dr Lawrence



INVOICE

303929

DATE

2/24/23



PATIENT Spleen

Icchi Drapiza

SPECIES

Canine

BREED

Dachshund

SEX

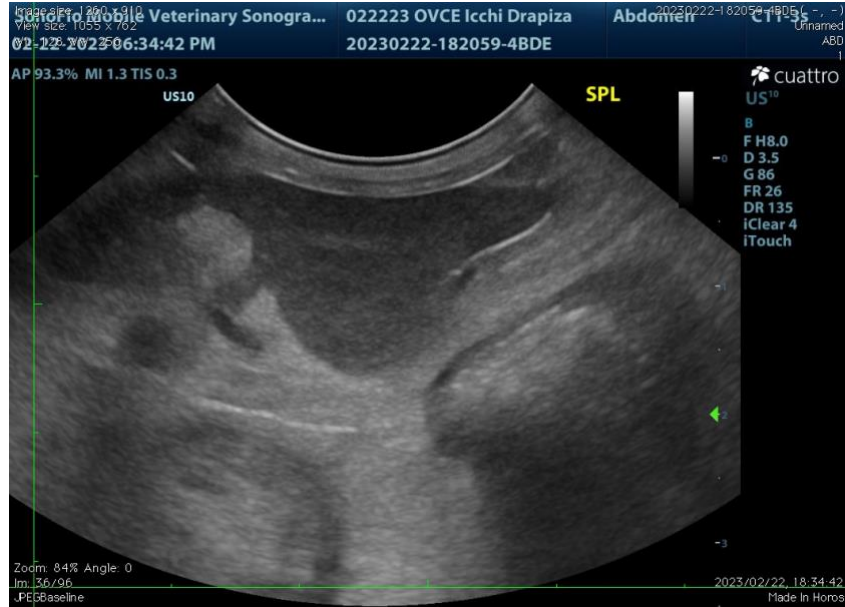
MN

Age

13 years

WEIGHT

15 #



Liver

INTERPRETED BY

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

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
 Emergency

REFERRING VET

Dr Lawrence

INVOICE

303929

DATE

2/24/23





PATIENT Right adrenal

Icchi Drapiza

SPECIES

Canine

BREED

Dachshund

SEX

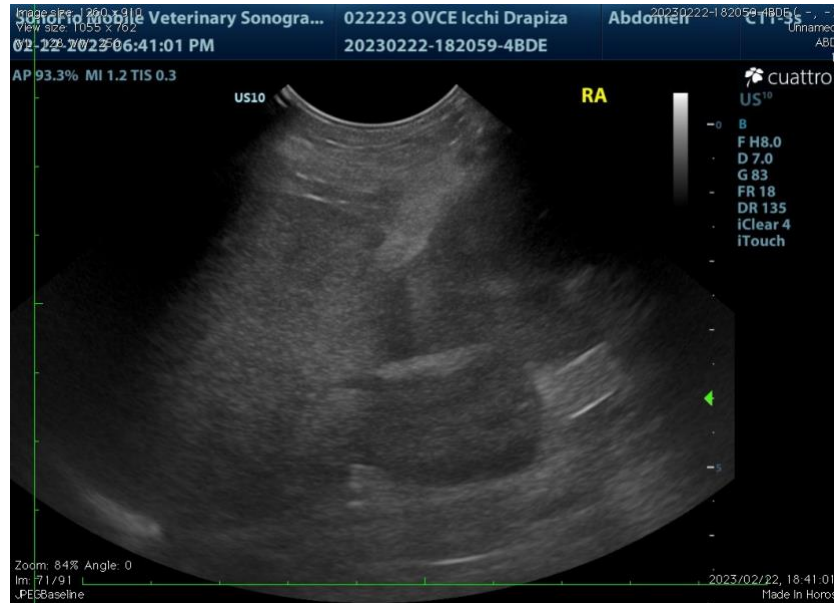
MN

Age

13 years

WEIGHT

15 #



Stomach

INTERPRETED BY

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

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
 Emergency

REFERRING VET

Dr Lawrence

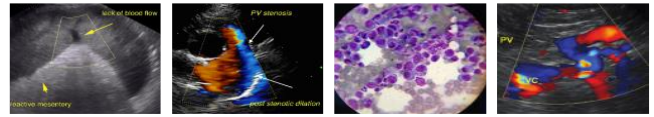


INVOICE

303929

DATE

2/24/23



PATIENT Pancreas

Icchi Drapiza

SPECIES

Canine

BREED

Dachshund

SEX

MN

Age

13 years

WEIGHT

15 #



INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Sonya Myers, DVM

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
rlobetti@mweb.co.za

HOSPITAL NAME

Oviedo Veterinary Care and
 Emergency

REFERRING VET

Dr Lawrence

INVOICE

303929

DATE

2/24/23