



PATIENT PRESENTING CLINICAL SIGNS

Coco Espinal History: Vomiting, anorexia. Previously diagnosed with diabetes and Cushing's disease.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: Elevated ALP activity, bilirubin, cholesterol, amylase and lipase.

Maltese Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN *Urinary System*

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

4 years Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels.

WEIGHT Normal iliac lymph nodes (1.4 cm). Ureters not visualized.

12 # Normal renal size (left 4.6 cm, right 4.5 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

INTERPRETED BY *Reproductive System*

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM Small hypoechogenic prostate (0.9 cm).

IMAGING PERFORMED BY *Adrenal Glands*

Sonya Myers, DVM Normal position, echogenic appearance, shape, and size. Left 0.36/0.36 cm, right 0.48/0.44 cm.

HOSPITAL NAME *Spleen*

Oviedo Veterinary Care and Emergency Normal size (1.1 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 Williams Enlarged with rounded edges, hyperechogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

INVOICE *Gastrointestinal*

303942

DATE Segmental thickening of the stomach (0.77 cm), duodenum (0.6 cm), and colon (0.33 cm) with no loss of layering. Normal appearance of the small intestine (0.22 cm) and ileo-cecal junction. Large amount of fluid within the stomach.

2/25/23



PATIENT *Pancreas*

Coco Espinal Enlarged (right 1.5 x 4.4 cm, left 7.1 cm) with a hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine Mesenteric lymphadenomegaly (0.6 x 1.6 cm) with normal shape and echogenic appearance. Small amount of ascites present.

BREED

Maltese **ULTRASONOGRAPHIC FINDINGS**

SEX Primary Findings:

- MN
- Pancreatitis.
 - Hepatopathy.
- Age**
- Gastroenteropathy.
 - Mesenteric lymphadenomegaly.
 - Ascites
- 4 years

WEIGHT Secondary Findings:

- 12 #
- Urinary bladder sediment.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with acute pancreatitis and would account for the gastroenteropathy, lymphadenomegaly, ascites, and hepatopathy. A contributing factor to the hepatopathy would be the diabetes and Cushing's disease.

IMAGING PERFORMED BY

Sonya Myers, DVM

At this point further assessment is not indicated; however, if once the pancreatitis has resolved there is still ongoing gastroenteropathy and lymphadenomegaly, then fecal analysis, cobalamin assay, FNA cytology of the lymph nodes, and endoscopy of the upper GI tract with biopsies would be indicated.

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

Management of the pancreatitis would be fluid therapy, correction of electrolyte anomalies, antiemetics, analgesics (opioids and NSAIDs), gastric protectants, feeding a low-fat intestinal diet.

REFERRING VET

Dr Williams

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PATIENT

Coco Espinal

SPECIES

Canine

BREED

Maltese

SEX

MN

Age

4 years

WEIGHT

12 #

IMAGES

Pancreas



Liver

INTERPRETED BY

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 MMedVet (Med), PhD, Dipl.
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IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
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REFERRING VET

Dr Williams

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PATIENT Stomach

Coco Espinal

SPECIES

Canine

BREED

Maltese

SEX

MN

Age

4 years

WEIGHT

12 #



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)
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HOSPITAL NAME

Oviedo Veterinary Care and
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REFERRING VET

Dr Williams

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