



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Brodie Benjamin History: Acute onset vomiting and hyporexia. Chronic elevated liver enzyme activity.

SPECIES Physical Examination: Weight loss, abdominal discomfort, expiratory wheezes.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: Elevated liver enzyme activity, abnormal Snap cPL.

Beagle Radiographic Findings: Bronchial pattern, loss of serosal detail mid-to-left cranial abdomen.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN

Urinary System

AGE Full urinary bladder with a normal appearance and thickness of the wall. Normal anechoic urine with no sediment evident. Small urolith/dependent sediment present.

13 years

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

10.6 kg Normal iliac lymph nodes. Ureters not visualized.

INTERPRETED BY Normal renal size (left 4.8 cm, right 4.7 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

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Reproductive System

Small hypoechoic prostate. Small prostaticolith.

IMAGING PERFORMED BY Adrenal Glands

Normal shape, echogenic appearance, size, and position.

Dr Lee Gregory, DVM

Spleen

HOSPITAL NAME Normal size and echogenic 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

REFERRING VET Enlarged with rounded edges, diffuse mottled echogenic appearance and some loss of portal markings. No nodules or masses evident. Full gall bladder containing small amount of hyperechogenic adherent sediment. Hyperechogenic and thickened appearance of the gall bladder wall. Normal bile duct.

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INVOICE **Gastrointestinal**

302730

DATE 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.

2/5/22



PATIENT *Pancreas*

Brodie Benjamin Normal size with a hypoechogenic appearance. Irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine Mesenteric lymphadenomegaly (0.9 x 1.1 cm) with normal shape and echogenic appearance. Small amount acellular ascites.

BREED **ULTRASONOGRAPHIC FINDINGS**

Beagle Primary Findings:

- SEX**
 - Pancreatitis.
 - Hepatopathy.
 - Cholecystitis.
 - Peritonitis.
 - Mesenteric lymphadenomegaly.
- MN
- AGE**
- 13 years

- WEIGHT** Secondary Findings:
- Age-related renal changes.
 - Bladder urolith/sediment.
 - Prostholith.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is typical for pancreatitis but could be secondary to peritonitis.

IMAGING PERFORMED BY

Etiologies for the hepatopathy would be reactive, vacuolar, metabolic, chronic hepatitis, early cirrhosis, early nodular regeneration, and infiltrative neoplasia.

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The appearance of the gall bladder is typical for cholecystitis.

HOSPITAL NAME

Etiologies for the peritonitis would be bacterial, bile, secondary to the pancreatitis, and early carcinomatosis.

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The most likely etiology for the mesenteric lymphadenomegaly would be reactive with lymphadenitis and infiltrative neoplasia, differential diagnoses.

REFERRING VET

Further assessment would be urinalysis, PSL/cPL assay, FNA cytology of the liver, and abdominal effusion analysis if there is a progressive increase.

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INVOICE

Initial management would be fluid therapy as needed, analgesics (opioid and/or NSAIDs), anti-emetics, and antibiotics, the latter for the cholecystitis. Ursodiol can also be considered for the gall bladder and hepatopathy.

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PATIENT

Brodie Benjamin

SPECIES

Canine

BREED

Beagle

SEX

MN

AGE

13 years

WEIGHT

10.6 kg

IMAGES

Liver/gall bladder



INTERPRETED BY

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Mesentery/lymph node



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PATIENT Pancreas

Brodie Benjamin

SPECIES

Canine

BREED

Beagle

SEX

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AGE

13 years

WEIGHT

10.6 kg

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Prostate



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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