

**PATIENT PRESENTING CLINICAL SIGNS**

Beemer Velasco History: Painful right side of stomach area, history of sensitive stomach.

**SPECIES** Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

**BREED** Serum Biochemistry: N/A.

Schnauzer Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

MN **Urinary System**

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

9 years Normal trigone area, proximal urethra (0.6 cm), and iliac blood vessels.

**WEIGHT** Normal iliac lymph nodes (0.9 cm). Ureters not visualized.

17 # Normal renal size (left 5 cm, right 4.7 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**INTERPRETED BY** **Reproductive System**

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM Small hypoechogenic prostate (0.7 cm).

**IMAGING PERFORMED BY** **Adrenal Glands**

Sonya Myers, DVM Normal position, echogenic appearance, shape, and size. Left 0.41/0.38 cm, right 0.45/0.63 cm.

**HOSPITAL NAME** **Spleen**

Oviedo Veterinary Care and Emergency Normal size (1.7 cm) and echogenic appearance. Smooth homogenous parenchyma, normal vasculature, and regular curvilinear capsule. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**REFERRING VET** **Liver**

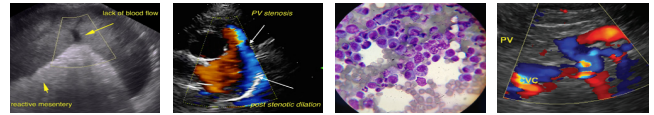
Dr Fernanda Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

**INVOICE** **Gastrointestinal**

303866 Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.48 cm, colon 0.1 cm) and peristaltic activity, and no distension of the lumen. Thickening of the duodenum (0.57 cm) and small intestine (0.51 cm) with no loss of layering or distension of the lumen.

**DATE**

2/7/23



**PATIENT**

***Pancreas***

Beemer Velasco

Enlarged right lobe (2.1 cm) with a hypoechogenic and irregular appearance. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES**

***Free Abdomen***

Canine

Normal mesenteric lymph nodes (1.3 cm).  
Small amount of ascites.

**BREED**

Schnauzer

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Primary Findings:

MN

- Pancreatitis.
- Enteropathy.

**Age**

9 years

Secondary Findings:

- Gall bladder sediment.

**WEIGHT**

17 #

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Etiologies for the enteropathy would be secondary to the pancreatitis, non-specific (viral, bacterial, parasitic, toxins, dietary indiscretion), inflammatory bowel disease, dietary hypersensitivity, granulomatous disease, and emerging neoplasia.

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

Further assessment would be fecal analyses, cPL/PSL assay, and if there is not a satisfactory improvement then endoscopy of the upper GI tract with biopsies.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

Symptomatic management would be fluid therapy as needed, anti-emetics, analgesics (opioid and/or NSAIDs), and small frequent meals of a low-fat intestinal diet.

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**REFERRING VET**

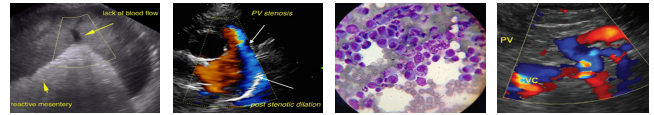
Dr Fernanda

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**PATIENT**

Beemer Velasco

**SPECIES**

Canine

**BREED**

Schnauzer

**SEX**

MN

**Age**

9 years

**WEIGHT**

17 #

**INTERPRETED BY**

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 MMedVet (Med), PhD, Dipl.  
 ECVIM

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

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 Emergency

**REFERRING VET**

Dr Fernanda

**INVOICE**

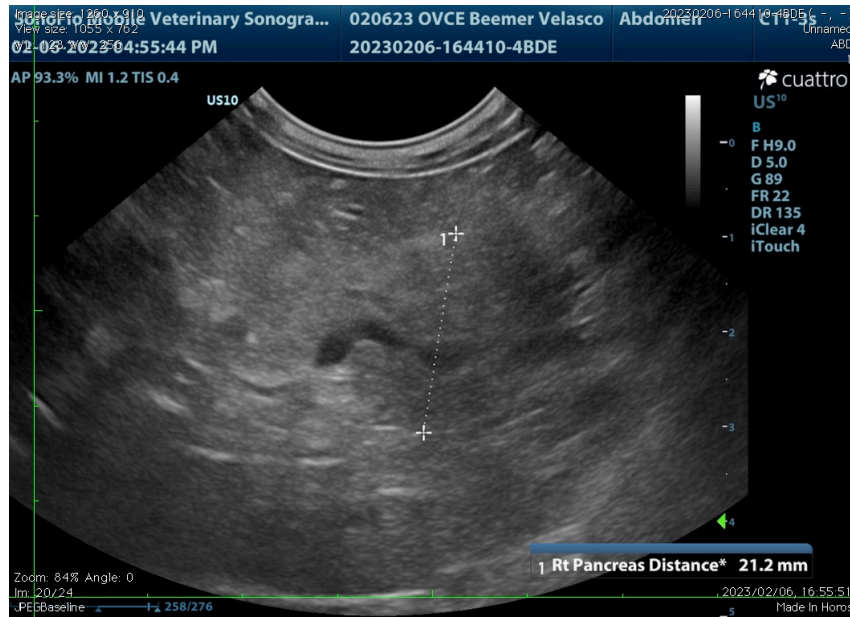
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**DATE**

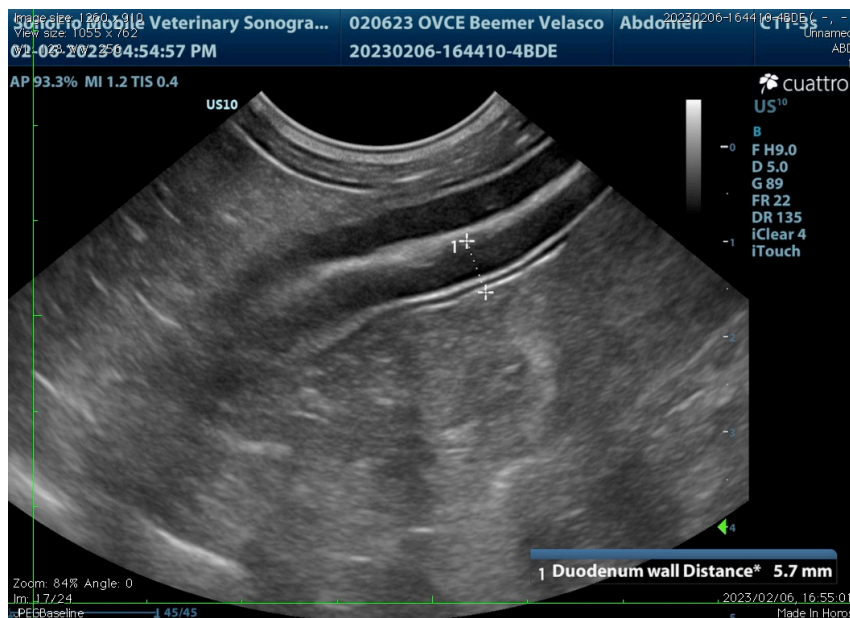
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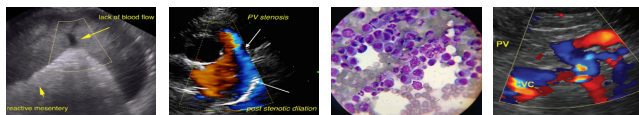
**IMAGES**

**Pancreas**



**Duodenum**





**PATIENT**

Beemer Velasco

**Jejunum**

**SPECIES**

Canine

**BREED**

Schnauzer

**SEX**

MN

**Age**

9 years

**WEIGHT**

17 #



**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.**

**IMAGING PERFORMED BY**

Sonya Myers, DVM

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.

**HOSPITAL NAME**

Oviedo Veterinary Care and Emergency

**Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)**  
[rlobetti@mweb.co.za](mailto:rlobetti@mweb.co.za)

**REFERRING VET**

Dr Fernanda

**INVOICE**

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