

**PATIENT PRESENTING CLINICAL SIGNS**

Oreo Felicetti History: Distended abdomen.

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

Canine Urinalysis: N/A.

CBC: N/A.

**BREED** Serum Biochemistry: Elevated liver enzyme activity and bilirubin.

Mixed Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

MN **Urinary System**

**Age** Full urinary bladder with a thickened and irregular appearance of the wall. Moderate amount of floating hyperechogenic sediment present. No uroliths evident.

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

**WEIGHT** Normal iliac lymph nodes (1.1 cm). Ureters not visualized.

98 # Normal renal size (left 6.5 cm, right 6.7 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

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

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM Small hypoechogenic prostate (1 cm).

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

Sonya Myers, DVM Normal position, echogenic appearance, and shape but enlarged. Left 0.85/0.83 cm, right 0.67/0.79 cm. Small hyperechogenic parenchymal nodule (0.6 x 0.7 cm) in the cranial pole of the right adrenal gland.

**HOSPITAL NAME** **Spleen**

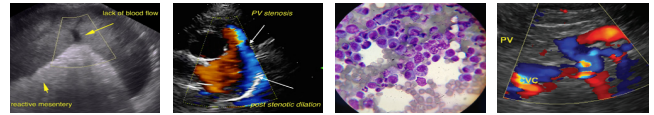
Oviedo Veterinary Care and Emergency Normal size (2.1 cm) and echogenic appearance. Smooth homogenous parenchyma, normal vasculature, and regular curvilinear capsule. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**REFERRING VET** **Liver**

Dr Williams Enlarged with rounded edges, diffuse hypoechogenic appearance, some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).

**INVOICE** 303867

**DATE** 2/7/23



**PATIENT**

**Gastrointestinal**

Oreo Felicetti

Segmental thickening of the stomach (1 cm) and duodenum (0.64 cm) with no loss of layering or distension of the lumen. Normal appearance of the small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (jejunum 0.48 cm, colon 0.29 cm) and peristaltic activity, and no distension of the lumen.

**SPECIES**

Canine

**Pancreas**

**BREED**

Mixed

Enlarged (right 1.5 cm) with a hypoechogenic and irregular appearance. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**SEX**

MN

**Free Abdomen**

**Age**

9 years

Normal mesenteric lymph nodes (2.3 cm).  
Small amount of ascites.

**WEIGHT**

98 #

**Primary Findings:**

- Pancreatitis.
- Hepatopathy.
- Gastroenteropathy.
- Bilateral adrenomegaly.
- Right adrenal nodule.
- Cystitis.

**INTERPRETED BY**

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

**Secondary Findings:**

- None.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

Etiologies for the hepatopathy would be secondary to the pancreatitis, reactive, vacuolar, metabolic, hepatitis (viral, bacterial, leptospirosis, toxins), and infiltrative neoplasia.

**REFERRING VET**

Dr Williams

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

**INVOICE**

303867

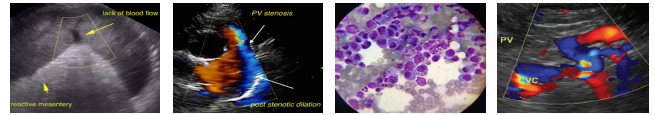
Etiologies for the adrenal glands would be disease stress and pituitary-dependent Cushing's disease. The adrenal nodule is most likely an incidental adenoma.

**DATE**

2/7/23

Further assessment would be urine and fecal analyses, urine culture, cPL/PSL assay, adrenal function testing (ACTH stimulation/LDDS test, if there are compatible signs of Cushing's disease), FNA cytology of the liver, and if there is not a satisfactory improvement then endoscopy of the upper GI tract with biopsies.

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



**PATIENT**

Oreo Felicetti

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

MN

**Age**

9 years

**WEIGHT**

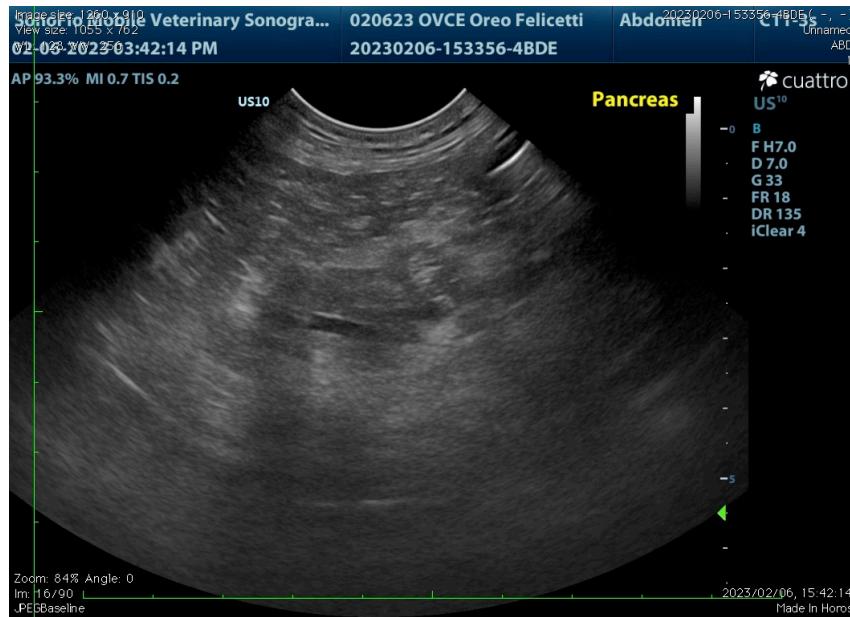
98 #

**IMAGES**

**Liver**



**Pancreas**



**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**

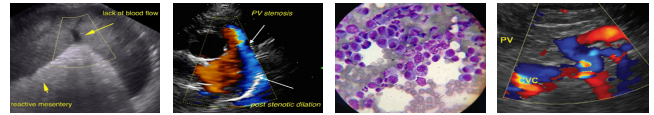
Dr Williams

**INVOICE**

303867

**DATE**

2/7/23



**PATIENT**

**Right adrenal**

Oreo Felicetti

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

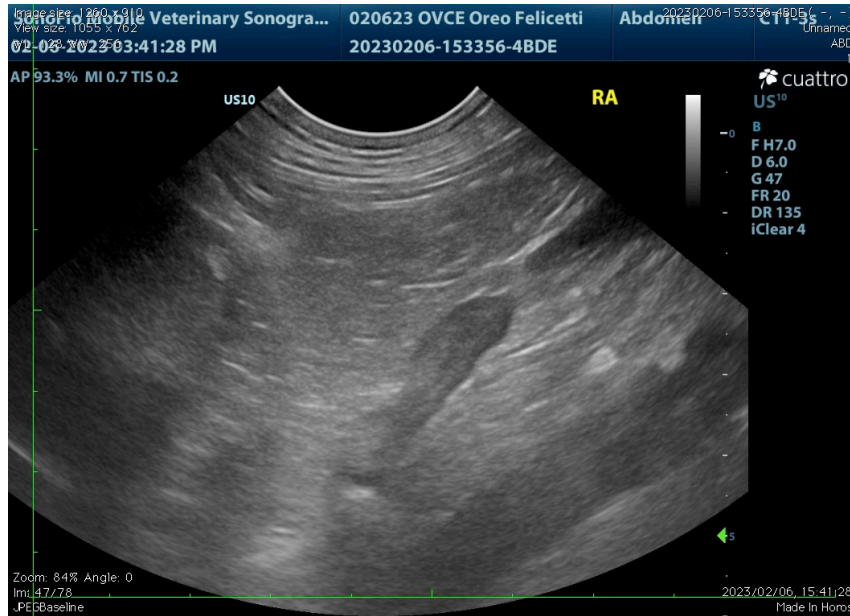
MN

**Age**

9 years

**WEIGHT**

98 #



**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 Williams

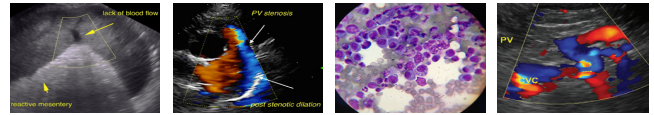
**INVOICE**

303867

**DATE**

2/7/23





**PATIENT**

**Urinary bladder**

Oreo Felicetti

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

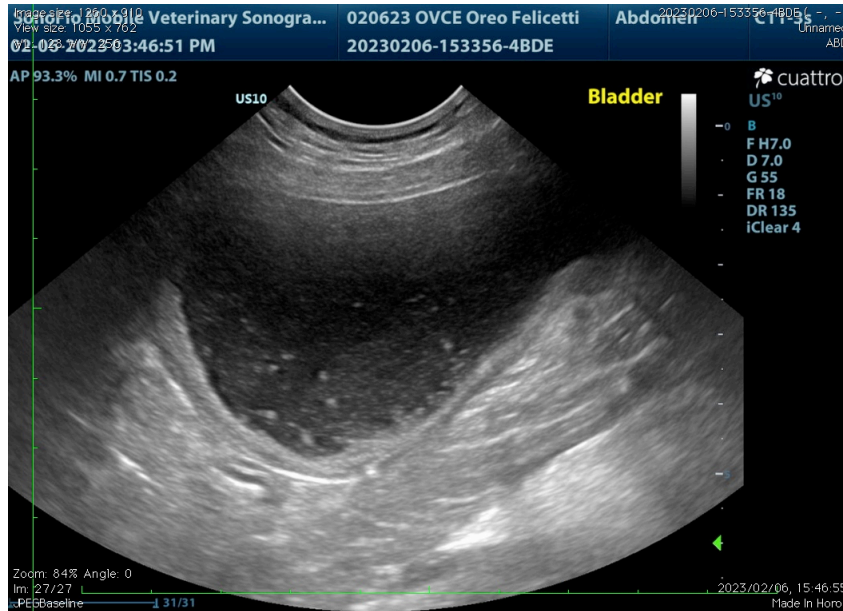
MN

**Age**

9 years

**WEIGHT**

98 #



**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](mailto:rlobetti@mweb.co.za)

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**REFERRING VET**

Dr Williams

**INVOICE**

303867

**DATE**

2/7/23