



**PATIENT PRESENTING CLINICAL SIGNS**

Kinsey McGrew  
History: Vomiting, anorexia.  
Physical Examination: N/A.  
**SPECIES**  
Canine  
Urinalysis: N/A.  
CBC: N/A.  
**BREED**  
Dachshund  
Serum Biochemistry: N/A.  
Radiographic Findings: Gastric material.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

FS  
**Age**  
10 years  
Full urinary bladder with a normal thickness and appearance of the wall. Small amount of floating hyperechogenic sediment present. No uroliths evident.  
**WEIGHT**  
6 kg  
Normal trigone area, proximal urethra (0.2 cm), and iliac blood vessels.  
Normal iliac lymph nodes (0.9 cm). Ureters not visualized.  
Normal renal size (both 4.1 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**INTERPRETED BY**

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

**Reproductive System**

N/A.

**Adrenal Glands**

Normal position, echogenic appearance, shape, and size. Left 0.47/0.38 cm, right 0.44/0.37 cm.

**Spleen**

Normal size (1.2 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted. Incidental myelolipomas.

**Liver**

Normal size, echogenic appearance, 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).

**Gastrointestinal**

Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.3 cm, colon 0.17 cm) and peristaltic activity, and no distension of the lumen. Thickened of the duodenum (0.6 cm) and small intestine (0.6 cm) with a hypoechoic appearance of the submucosal layer but no loss of layering or distension of the lumen.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Banfield Oviedo

**REFERRING VET**

Dr Jackie Narayansingh

**INVOICE**

303957

**DATE**

3/1/23


**PATIENT** *Pancreas*

Kinsey McGrew

Normal size (left 0.9 cm, right 1.1 cm) with a hyperechogenic appearance and irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES**
*Free Abdomen*

Canine

Normal mesenteric lymph nodes (2.9 cm).  
No ascites evident.

**BREED**

Dachshund

**ULTRASONOGRAPHIC FINDINGS**
**SEX**

Primary Findings:

FS

- Enteropathy.
- Chronic pancreatitis.

**Age**

10 years

Secondary Findings:

- Urinary bladder sediment.

**WEIGHT**

6 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
**INTERPRETED BY**

Etiologies for the enteropathy would be inflammatory bowel disease, parasitic enteritis, granulomatous enteritis, and dietary hypersensitivity, with emerging lymphoma a far less likely differential diagnosis.

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

The appearance of the pancreas is consistent with chronic pancreatitis with fibrosis a differential diagnosis.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

Further assessment would be urine and fecal analyses, cPL/PSL assay, cobalamin assay, and endoscopy of the upper GI tract with biopsies.

**HOSPITAL NAME**

Banfield Oviedo

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be hypoallergenic/novel protein diet, course of fenbendazole, cobalamin supplementation, and possibly prednisolone.

**REFERRING VET**

Dr Jackie Narayansingh

**INVOICE**

303957

**DATE**

3/1/23



**PATIENT**

Kinsey McGrew

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

FS

**Age**

10 years

**WEIGHT**

6 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Banfield Oviedo

**REFERRING VET**

Dr Jackie Narayansingh

**INVOICE**

303957

**DATE**

3/1/23

**IMAGES**

**Small intestine**



**Pancreas**



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

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