



**PATIENT PRESENTING CLINICAL SIGNS**

Hazel Laing History: Acute polydipsia and vomiting, recent dental procedure under anesthesia.

**SPECIES** Physical Examination: Obese, BAR.

Canine Urinalysis: SG 1.012, pH 5, proteinuria, negative sediment.

CBC: Normal.

**BREED** Serum Biochemistry: Azotemia, elevated phosphate, cholesterol, ALP activity, amylase, and PSL.

Cavalier Spaniel Radiographic Findings: Normal thorax, fecal material in the colon.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

FS

**AGE** *Urinary System*

6 years Full urinary bladder with a thickened and irregular appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

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

11 kg Normal iliac lymph nodes. Ureters not visualized.

Renomegaly (left 5 cm, right 5.3 cm) with hyperechogenic appearance, loss of cortico-medullary differentiation, pyelectasia (right 0.2 cm) and normal capsule. Bilateral peri-nephric fluid accumulation – left worse than right.

**INTERPRETED BY**

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

**Reproductive System**

N/A.

**IMAGING PERFORMED BY**

Dr Goeres

**Adrenal Glands**

Normal position, shape, echogenic, and size. Left 0.53 cm, right 0.52 cm.

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**Spleen**

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes evident.

**REFERRING VET**

Dr Chhetri

**Liver**

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident.

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**Gall bladder**

**DATE**

3/16/23

Full bladder containing moderate amount of hyperechogenic sediment. Normal appearance and thickness of the wall. Normal bile duct.



**PATIENT** *Gastrointestinal*

Hazel Laing Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.52 cm) and peristaltic activity, and no distension of the lumen.

**SPECIES**

Canine

*Pancreas*

**BREED**

Enlarged with a diffuse hypoechoic appearance and irregular capsule. Hyperechoic appearance of the mesentery and fat surrounding the pancreas.

Cavalier Spaniel

*Free Abdomen*

**SEX**

No mesenteric lymphadenomegaly.  
No ascites evident.

FS

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

6 years

Primary Findings:

**WEIGHT**

- Nephropathy.
- Thickened urinary bladder wall.
- Pancreatitis.

11 kg

Secondary Findings:

**INTERPRETED BY**

- Gall bladder sediment.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Etiologies for the nephropathy would be acute kidney injury (hypoxia, toxins, drug-induced, hypotension), bacterial nephritis, pyelonephritis, leptospirosis.

Dr Goeres

**HOSPITAL NAME**

Etiologies for the urinary bladder would be bacterial and sterile cystitis, with neoplasia, a less likely differential diagnosis.

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The recent anesthesia and/or nephropathy could have been trigger factors for the pancreatitis.

**REFERRING VET**

Further assessment would be urine culture, UPC if culture negative, blood pressure, and possibly BRAF assay.

Dr Chhetri

Management would be fluid therapy, correction of electrolyte anomalies, anti-emetics, opioid analgesics, and low-fat intestinal diet. Short course of prednisolone (½ mg/kg SID for 3-5 days) can be considered as it has been shown to improve the recovery period in dogs with pancreatitis.

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**DATE**

3/16/23



**PATIENT IMAGES**

Hazel Laing **Left kidney**

**SPECIES**

Canine

**BREED**

Cavalier Spaniel

**SEX**

FS

**AGE**

6 years

**WEIGHT**

11 kg

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**REFERRING VET**

Dr Chhetri

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**PATIENT**

Hazel Laing

**SPECIES**

Canine

**BREED**

Cavalier Spaniel

**SEX**

FS

**AGE**

6 years

**WEIGHT**

11 kg

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**Right kidney**



**Urinary bladder**



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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