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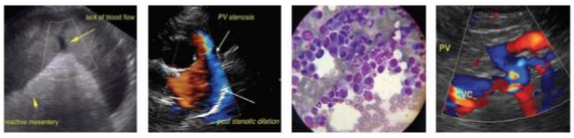

IMAGING PERFORMED BY
MobileVeterinaryImaging.net 772-8881553

PATIENT
Finn Sansburn

SPECIES
Canine

BREED
Terrier

SEX
MN

AGE
9 years

WEIGHT
5 kg

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

IMAGING PERFORMED BY
Sonya Myers, DVM

HOSPITAL NAME
Treasure Coast Animal Emergency

REFERRING VET
Dr Cail

INVOICE
302828

DATE
3/22/22

PRESENTING CLINICAL SIGNS

History: Vomiting, wheezing.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: Pneumonia, decreased abdominal detail, splenomegaly, choleliths.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal appearance and thickness of the wall. Small amount of floating hyperechogenic sediment. No uroliths evident.

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

Normal iliac lymph nodes (1.3 cm). Ureters not visualized.

Normal renal size (left 3.9 cm, right 4.3 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 0.41/0.44 cm, right 0.38/0.43 cm.

Spleen

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

Liver

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing large amount of hyperechogenic to mineralized sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.13 cm).

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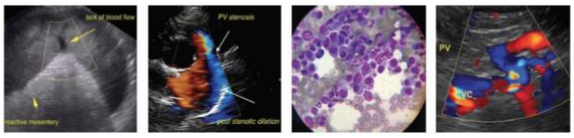

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Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.36 cm, duodenum 0.32 cm) and peristalsis, and no distension of the lumen. Segmental thickening of the small intestine (up to 0.49 cm) with some sections showing a corrugated appearance but no loss of layering or distension of the lumen.

Pancreas

Normal size (up to 1.4 cm) with a diffuse and hyperechogenic appearance. Irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes (1.8 cm).
Hyperechogenic appearance of the mesentery in the cranial abdomen – associated with the stomach, jejunum, and pancreas.
Small amount of ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Pancreatitis.
- Enteropathy.
- Peritonitis.

Secondary findings:

- Gall bladder sediment.
- Urinary bladder sediment.

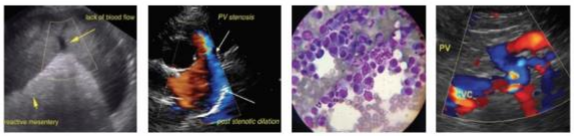
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the pancreas would be chronic pancreatitis, chronic-active pancreatitis, and fibrosis.

Etiologies for the enteropathy would be secondary to the pancreatitis, non-specific enteritis (viral, bacterial, toxins, helminths, protozoa, dietary indiscretion), inflammatory bowel disease, and dietary hypersensitivity

The appearance of the mesentery and ascites would be consistent with regional peritonitis, secondary to the pancreatitis and/or enteropathy.

Although the gall bladder sediment is most likely incidental, an emerging mucocele needs to be considered.



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

Specific therapy would be dependent on an etiological diagnosis. Management of the pancreas would be fluid therapy as needed, low-fat intestinal diet, analgesics, gastric protectants, and anti-emetics. Course of fenbendazole and/or metronidazole can be considered for the enteropathy.

IMAGES

Pancreas

Small intestine

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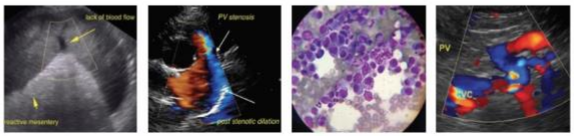

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Gall bladder

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
rlobetti@mweb.co.za