



**PATIENT PRESENTING CLINICAL SIGNS**

Jax Zamora History: Chronic diarrhea – diagnosed with exocrine pancreatic insufficiency and doing well on pancreatic enzyme supplementation. Splenomegaly on previous ultrasound.

**SPECIES** Physical Examination: N/A

Canine Urinalysis: N/A.

**BREED** CBC: N/A.

GSD Serum Biochemistry: N/A

Radiographic Findings: N/A

**SEX**

MN

**AGE**

11 years

**WEIGHT**

75 #

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size, echogenic appearance, cortico-medullary differentiation, blood flow, capsule, and pelvis.

**Reproductive System**

Small hypoechogenic prostate.

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position.

**Spleen**

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

**Liver**

Normal size, echogenic appearance, and portal markings. Few faint irregular hypoechogenic parenchymal nodules. No masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

**Gastrointestinal**

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity. Large amount of ingesta within the small intestine resulting in distension of the lumen but in a non-obstructive pattern.

**IMAGING PERFORMED BY**

Dr Gabriel Ferrer, DVM

**HOSPITAL NAME**

Paseos Veterinary Center

**REFERRING VET**

Dr Marilyn Davila

**INVOICE**

302826

**DATE**

3/21/22



**PATIENT** *Pancreas*

Jax Zamora Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Canine No mesenteric lymphadenomegaly.  
Small amount of ascites.

**BREED**

GSD

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Primary Findings:

MN

- Hepatic nodules.

**AGE**

Secondary Findings:

11 years

- Ingesta-filled intestinal loops.
- Ascites.
- Urinary bladder sediment.

**WEIGHT**

75 #

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The most likely etiology for the hepatic nodules would be early nodular regeneration with reactive hyperplasia, granulomatous disease, hematomas, resolved abscessation and infiltrative neoplasia, differential diagnoses.

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Although the most likely etiology for the intestinal loops would be secondary to the EPI, underlying primary intestinal disease (inflammatory bowel disease, parasitic enteritis, and dietary hypersensitivity) needs to be considered.

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The minimal ascites is most likely an incidental finding but hypoalbuminemia needs to be excluded.

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Etiologies for the urinary bladder sediment would be cystitis (bacterial, sterile), crystalluria, and hemorrhage.

Further assessment would be urine and fecal analysis, urine culture, liver enzyme activity, serum proteins, cPL/PSL assay, cobalamin assay, and possibly FNA cytology of the hepatic nodules and endoscopy of the upper GI tract with biopsies

**INVOICE**

Specific therapy would be dependent on an etiological diagnosis.

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**PATIENT**

Jax Zamora

**IMAGES**

**Liver**

**SPECIES**

Canine

**BREED**

GSD

**SEX**

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**AGE**

11 years

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75 #

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**Small intestine**





**PATIENT**

Urinary bladder

Jax Zamora

**SPECIES**

Canine

**BREED**

GSD

**SEX**

MN

**AGE**

11 years

**WEIGHT**

75 #



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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)  
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