



PATIENT PRESENTING CLINICAL SIGNS

Angel Rubio History: Choleliths, pancreatitis positive.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

Pomeranian Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN *Urinary System*

Age Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

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

WEIGHT Normal iliac lymph nodes (0.9 cm). Ureters not visualized.

7 # Normal renal size (left 3.1 cm, right 2.9 cm), echogenic appearance, cortico-medullary differentiation, and capsule. Normal left pelvis, right pyelectasia (0.2 cm). Bilateral pinpoint mineralization. Non-obstructive nephrolith (0.2 cm) in the right kidney.

INTERPRETED BY

Remo Lobetti, BVSc,
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Reproductive System

Small hypoechogenic prostate (0.8 cm).

IMAGING PERFORMED BY

Sonya Myers, DVM

Adrenal Glands

Normal position, echogenic appearance, and shape but small. Left 0.39/0.24 cm, right 0.29/0.21 cm.

HOSPITAL NAME

Banfield Oviedo

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Focal mottled echogenic and cavitary parenchymal nodule (0.9 x 1 cm) in the body of the spleen with bulging of the overlying capsule.

REFERRING VET

Dr Narayansingh

Liver

INVOICE

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

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Gall bladder

DATE

Full containing small moderate amount of dependent hyperechogenic sediment and choleliths up to 0.8 cm in size. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.2 cm).

3/30/23


PATIENT *Gastrointestinal*

Angel Rubio Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.32 cm, duodenum 0.34 cm, jejunum 0.31 cm, colon 0.13 cm) and peristaltic activity, and no distension of the lumen.

SPECIES

Canine

Pancreas

Normal size (right 0.6 cm, left 0.6 cm) with a hyperechogenic appearance and irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

BREED

Pomeranian

Free Abdomen
SEX

Normal mesenteric lymph node (0.6 cm).
 No ascites evident.

MN
Age

10 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Splenic nodule.
- Pancreatic fibrosis.
- Right pyelectasia.
- Small adrenal glands.

WEIGHT

7 #

Secondary Findings:

- Gall bladder sediment and choleliths.
- Renal mineralization.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenic nodule would be granuloma, hematoma, organized abscess, and neoplasia.

HOSPITAL NAME

Banfield Oviedo

Although the appearance of the pancreas is typical for fibrosis, chronic pancreatitis needs to be considered.

REFERRING VET

Dr Narayansingh

Etiologies for the pyelectasia would be recent fluid therapy, incidental-age-related change, and pyelonephritis.

Although the small adrenal glands may be an incidental finding, Addison's disease and cortisone therapy needs to be considered.

INVOICE

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The gall bladder sediment and choleliths can be considered incidental findings as there is no evidence of bile duct obstruction.

DATE

3/30/23

Further assessment would be urinalysis, urine culture, FNA cytology of the splenic nodule, and basal cortisol (if there is no history of cortisone therapy).

Specific therapy would be dependent on an etiological diagnosis. Ursodiol can be considered for the gall bladder sediment and choleliths.



PATIENT

Angel Rubio

SPECIES

Canine

BREED

Pomeranian

SEX

MN

Age

10 years

WEIGHT

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IMAGES

Pancreas



Gall bladder



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HOSPITAL NAME

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REFERRING VET

Dr Narayansingh

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PATIENT Spleen

Angel Rubio

SPECIES

Canine

BREED

Pomeranian

SEX

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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.

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