


**PATIENT PRESENTING CLINICAL SIGNS**

Cooper DeCampi History: Foreign body surgery on 3/29 (gastrotomy and enterotomy). Regurgitating since surgery and evidence of sepsis. Normal basal cortisol levels normal.

**SPECIES Cardiopulmonary arrest during ultrasound with unsuccessful CPR**

Canine Physical Examination: N/A.

**BREED** Urinalysis: N/A.

Standard Poodle Mix CBC: N/A.

Sex Serum Biochemistry: N/A.

MN Radiographic Findings: N/A.

Age

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

3 years **Urinary System**

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

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

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

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM Normal renal size (left 7.5 cm, right 6.7 cm), echogenic appearance, cortico-medullary differentiation, and capsule. Normal right pelvis, left pyelectasia (0.2 cm).

**Reproductive System**

**IMAGING PERFORMED BY** Small hypoechoic prostate (0.9 cm).

Sonya Myers, DVM **Adrenal Glands**

**HOSPITAL NAME** Normal position, echogenic appearance, shape, and size. Left 0.41/0.33 cm, right 0.43/0.57 cm.

Oviedo Veterinary Care and **Spleen**  
Emergency

**REFERRING VET** Normal size (1.3 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Dr Caja **Liver**

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

304064

**DATE** **Gall bladder**

3/31/23 Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal bile duct.


**PATIENT**
***Gastrointestinal***

Cooper DeCampi

Thickening of the stomach (1.1 cm) and segmental thickening of the small intestine (0.48 cm) and colon (0.56 cm) with no loss of layering or distension of the lumen. Gastrotomy site not visualized. Normal appearance of the enterotomy site.

**SPECIES**

Canine

***Pancreas***

Not visualized.

**BREED**

Standard Poodle Mix

***Free Abdomen***

No mesenteric lymphadenomegaly. Large amount of cellular ascites present. Free air within the abdominal cavity.

**SEX**

MN

**Age**

3 years

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Gastroenteropathy.
- Ascites.
- Free abdominal air

**WEIGHT**

42 #

Secondary Findings:

- Left pyelectasia.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the gastroenteropathy would have been the foreign body obstruction and subsequent gastrotomy and enterotomy; with non-specific gastroenteritis, inflammatory bowel disease, parasitic enteritis, granulomatous disease, and dietary hypersensitivity, differential diagnoses.

Although the ascites and free abdominal air are most likely secondary to the recent laparotomy, peritonitis would have been a differential diagnosis.

The pyelectasia can be ascribed to fluid therapy.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

 Oviedo Veterinary Care and  
 Emergency

**REFERRING VET**

Dr Caja

**INVOICE**

304064

**DATE**

3/31/23



**PATIENT**

Cooper DeCampli

**SPECIES**

Canine

**BREED**

Standard Poodle Mix

**SEX**

MN

**Age**

3 years

**WEIGHT**

42 #

**INTERPRETED BY**

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3/31/23

**IMAGES**

**Enterectomy site**



**Stomach**





**PATIENT Ascites**

Cooper DeCampli

**SPECIES**

Canine

**BREED**

Standard Poodle Mix

**SEX**

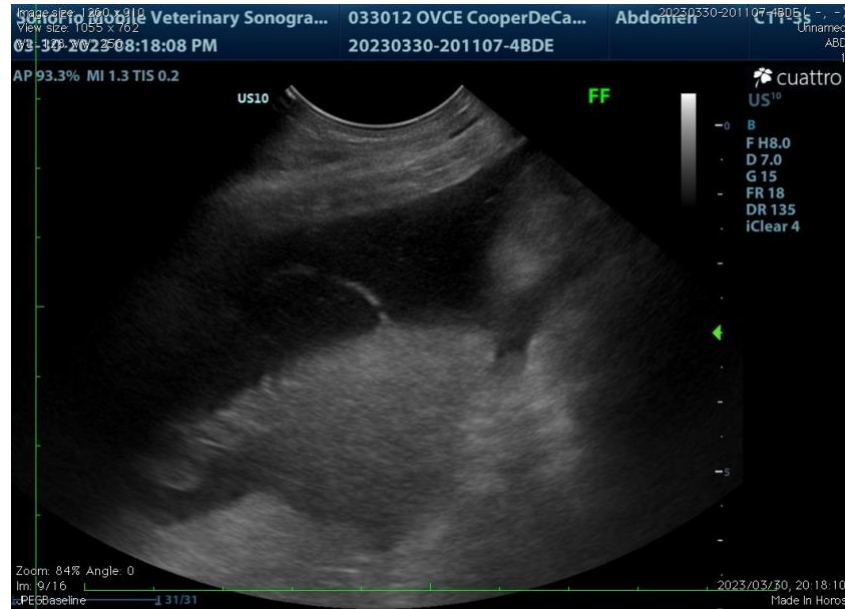
MN

**Age**

3 years

**WEIGHT**

42 #



**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)**  
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**HOSPITAL NAME**

Oviedo Veterinary Care and  
 Emergency

**REFERRING VET**

Dr Caja

**INVOICE**

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**DATE**

3/31/23