



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Sandi Schuler
History: Vomiting.

SPECIES
Canine
Physical Examination: N/A.
Urinalysis: N/A.

BREED
Chihuahua
CBC: Neutropenia, lymphocytosis.
Serum Biochemistry: Elevated amylase, lipase, and ALP activity. Abnormal cPL.
Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS
Urinary System

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

WEIGHT
12 #
Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes (left 1.2 cm). Ureters not visualized.

Normal renal size (left 3.9 cm, right 4.2 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

INTERPRETED BY
Reproductive System

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ECVIM
N/A.

Adrenal Glands

IMAGING PERFORMED BY

Sonya Myers, DVM

Normal position, echogenic appearance, shape, and size. Left 0.6/0.54 cm, right 0.45/0.63 cm.

Spleen

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

Enlarged (1.9 cm) with a normal echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing moderate amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

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PATIENT *Gastrointestinal*

Sandi Schuler Normal appearance of the small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (jejunum 0.42 cm, colon 0.19 cm) and peristaltic activity, and no distension of the lumen. Thickening of the stomach (0.77 cm) and duodenum (0.53 cm) with no loss of layering or distension of the lumen.

SPECIES

Canine

Pancreas

BREED

Chihuahua

Enlarged (right 1.9 cm, left 5.7 cm) with a hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

SEX

FS

Normal mesenteric lymph nodes (1.9 cm).
Small amount of ascites in the cranial abdomen present.

Age

6 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

WEIGHT

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- Pancreatitis.
- Gastroenteropathy.
- Splenomegaly.
- Ascites.

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Secondary Findings:

- Gall and urinary bladder sediment.

IMAGING PERFORMED BY

Sonya Myers, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is typical for acute pancreatitis and would account for the gastroenteropathy, splenomegaly, and ascites.

HOSPITAL NAME

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Emergency

Other etiologies for the gastroenteropathy would be non-specific gastroenteritis (dietary indiscretion, toxins, viral, bacterial, parasitic), ulcerative disease, *Helicobacter* gastritis, inflammatory bowel disease, and dietary hypersensitivity, with emerging lymphoma a less likely differential diagnosis.

REFERRING VET

Dr Cosgriff

Other etiologies for the splenomegaly would be splenitis and infiltrative neoplasia.

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Further assessment that could be considered would be urine and fecal analyses, cPL/PSL assay, and if there is not a satisfactory improvement then analysis of the ascitic fluid, FNA cytology of the spleen, and endoscopy of the upper GI tract with biopsies.

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



PATIENT IMAGES

Sandi Schuler **Pancreas**

SPECIES

Canine

BREED

Chihuahua

SEX

FS

Age

6 years

WEIGHT

12 #



INTERPRETED BY

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 ECVIM

Spleen/ascites

IMAGING PERFORMED BY

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HOSPITAL NAME

Oviedo Veterinary Care and
 Emergency

REFERRING VET

Dr Cosgriff

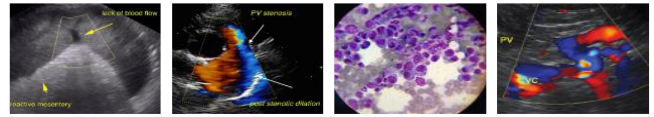


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PATIENT Stomach

Sandi Schuler

SPECIES

Canine

BREED

Chihuahua

SEX

FS

Age

6 years

WEIGHT

12 #



Duodenum

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IMAGING PERFORMED BY

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HOSPITAL NAME

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REFERRING VET

Dr Cosgriff



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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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