

PATIENT

Yogi Popes

SPECIES

Canine

BREED

Hound Mix

SEX

FS

AGE

9 years

WEIGHT

21 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 Mueller

INVOICE

302897

DATE

4/12/22

PRESENTING CLINICAL SIGNS

History: Acute onset vomiting.

Physical Examination: Dehydration, abdominal pain.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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

Normal iliac lymph nodes (1.5 cm). Ureters not visualized.

Normal renal size (left 7.2, right 8.1 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

N/A.

Adrenal Glands

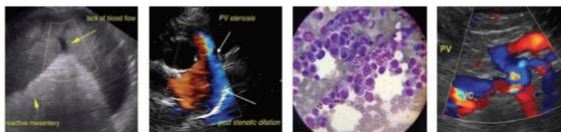
Normal shape, echogenic appearance, and position. Normal size of right gland (0.7 cm) but enlarged left gland (0.79/0.83 cm).

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 moderate amount of dependent hyperechogenic sediment. normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Dilated bile duct (up to 0.6 cm) and thickened duodenal papilla (1.2 cm).



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Gastrointestinal

Diffuse thickening of the stomach (1 cm), duodenum (0.6 cm), small intestine (0.53 cm), and colon (0.62 cm) with no loss of layering, normal peristalsis, and no distension of the lumen. Gas and fluid within the stomach.

Pancreas

Enlarged (right 3.8 cm, left 1.7 cm) with a diffuse hypoechogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes (3.4 cm).
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Pancreatitis.
- Dilated bile duct and duodenal papilla.
- Gastro-enteropathy.
- Left adrenomegaly.

Secondary findings:

- Gall bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is typical for pancreatitis and would also account for the bile duct dilation and duodenal papilla thickening.

The most likely etiology for the gastro-enteropathy would be secondary to the pancreatitis with non-specific conditions (viral, bacterial, protozoa; helminths, toxins, dietary indiscretion), inflammatory bowel disease, and dietary hypersensitivity, differential diagnoses.

Etiologies for the adrenomegaly would be stress/disease related and emerging Cushing's disease.

Initial further assessment would be fecal analysis and cPL/PSL assay; with adrenal function testing and endoscopy of both the upper and lower GI tract considered once the pancreatitis has resolved and if indicated.

Management of the pancreatitis would be fluid therapy as needed, low-fat intestinal diet, anti-emetics, gastric protectants, and analgesics (opioids and NSAIDs).



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IMAGES

Pancreas





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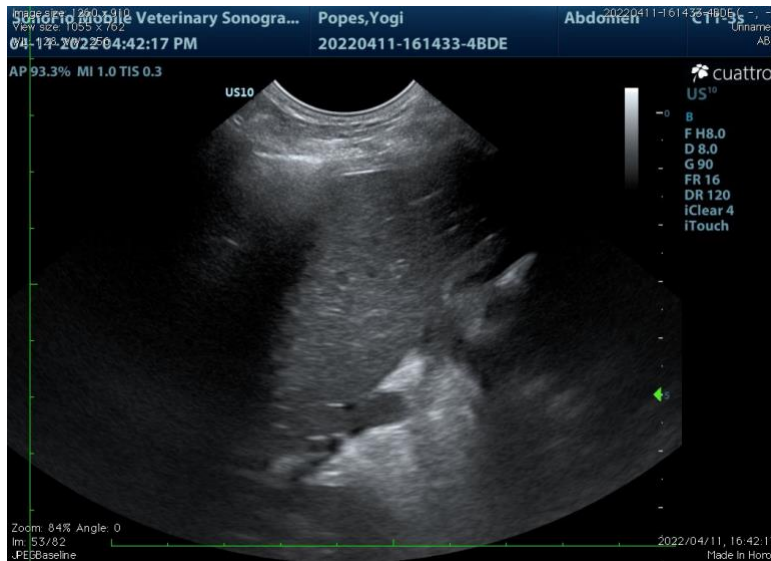
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Gall bladder



Bile duct



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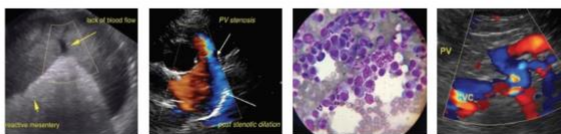
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Stomach



Colon



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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)
 rlobetti@mweb.co.za