



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Minaj Rodriguez History: Weight loss, anorexia. Previously diagnosed with Cushing's disease, treated with trilostane but become Addisonian but not on steroids.

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

Urinalysis: N/A.

**BREED** CBC: N/A.

Mix Serum Biochemistry: N/A.

Radiographic Findings: N/A.

**SEX**

FS

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Age** *Urinary System*

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

**WEIGHT** Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels.

30 # Normal iliac lymph nodes (1.6 cm). Ureters not visualized.

**INTERPRETED BY** Normal renal size (left 5.2 cm, right 5.5 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

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ECVIM

*Reproductive System*

N/A.

**IMAGING PERFORMED BY** *Adrenal Glands*

Sonya Myers, DVM Normal position, echogenic appearance, and shape. Normal size of the left gland (0.56/0.59 cm), small right gland (0.27 cm).

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*Spleen*

Normal size (1.5 cm) with normal echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

**REFERRING VET**

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*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 amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.2 cm).

4/18/23



**PATIENT**

***Gastrointestinal***

Minaj Rodriguez

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.43 cm, duodenum 0.32 cm, jejunum 0.26 cm, colon 0.26 cm) and no distension of the lumen. Liquid fecal material within the colon.

**SPECIES**

Canine

***Pancreas***

**BREED**

Mix

Enlarged (left 1.1 cm, right 1.5 cm) with a hypoechogenic appearance and irregular capsule. Visible pancreatic duct. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

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***Free Abdomen***

Normal mesenteric lymph nodes (1.6 cm).  
No ascites evident.

**Age**

12 years

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Pancreatitis.
- Small right adrenal gland.

Secondary Findings:

- Gall bladder sediment.

**WEIGHT**

30 #

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Sonya Myers, DVM

The appearance of the pancreas is consistent with pancreatitis.

The small adrenal gland is in line with the history.

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Further assessment would be cPL/PSL assay and ACTH stimulation test.

Management of the pancreatitis would be fluid therapy, correction of any electrolyte anomalies, anti-emetics, opioid analgesics, and feeding a low-fat intestinal diet. Short course of prednisolone (½ mg/kg SID for 3-5 days) can be considered as it has been shown to improve recovery time.

**REFERRING VET**

Dr Privette

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**PATIENT**

Minaj Rodriguez

**IMAGES**

**Pancreas**

**SPECIES**

Canine

**BREED**

Mix

**SEX**

FS

**Age**

12 years

**WEIGHT**

30 #

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 MMedVet (Med), PhD, Dipl.  
 ECVIM

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

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**REFERRING VET**

Dr Privette



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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