



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Blaine Broming  
**SPECIES** Canine  
**BREED** Poodle Mix

History: Suspected pancreatitis flare up. Diabetic and possible Cushing's disease.  
 Physical Examination: N/A.  
 Urinalysis: N/A.  
 CBC: N/A.  
 Serum Biochemistry: N/A.  
 Radiographic Findings: N/A.

**SEX MN ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Age** 10 years

**Urinary System**  
 Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.  
 Normal trigone area, proximal urethra (0.5 cm), and iliac blood vessels.  
 Normal iliac lymph nodes (1.4 cm). Ureters not visualized.  
 Normal renal size (both 5.3 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule. Left pyelectasia (0.3 cm), normal right pelvis.

**INTERPRETED BY**

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**Reproductive System**  
 Small hypoechogenic prostate (0.7 cm).

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**Adrenal Glands**  
 Normal position, echogenic appearance, shape, and size. Left 0.57/0.47 cm, right 0.56/0.36 cm.

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**Spleen**  
 Normal size (1.4 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No inflammatory, neoplastic, infarction, or infiltrative changes evident. Incidental myelolipomas.

**REFERRING VET**

Dr Caja

**Liver**  
 Normal size with a hyperechogenic appearance and normal portal markings and regular curvilinear capsule. No nodules or masses evident.

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**Gall bladder**  
 Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.2 cm).

**DATE**

4/20/23



**PATIENT** *Gastrointestinal*

Blaine Broming Normal appearance of the stomach, duodenum, and ileo-cecal junction with no loss of layering, normal wall thickness (stomach 0.34 cm, duodenum 0.46 cm) and no distension of the lumen.

**SPECIES** Segmental thickening of the small intestine (0.48 cm) and colon (0.45 cm) with normal thickness, no loss of layering, or distension of the lumen.

Canine

*Pancreas*

**BREED**

Poodle Mix

Enlarged (left 2.6 cm, right 3.3 cm) with a hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

*Free Abdomen*

**SEX**

Normal mesenteric lymph nodes (1.2 cm).

**MN**

Small amount ascites present.

**Age**

10 years

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Pancreatitis.
- Enteropathy.
- Hepatopathy.
- Ascites.

**WEIGHT**

20 #

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Secondary Findings:

- Age-related renal changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the pancreas is consistent with pancreatitis and can account for the ascites.

The most likely etiology for the enteropathy would be secondary to the pancreatitis with non-specific enteritis, inflammatory bowel disease, dietary hypersensitivity, parasitic enteritis, granulomatous disease and emerging neoplasia, differential diagnoses.

**REFERRING VET**

The most likely etiology for the hepatopathy would be a combination of the pancreatitis and diabetes.

Dr Caja

Further assessment would be fecal analysis, cPL/PSL assay and if there is not a satisfactory improvement then FNA cytology of the liver, cobalamin assay, and endoscopy of the upper GI tract with biopsies.

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Management of the pancreatitis would be fluid therapy, anti-emetics, correction of electrolyte anomalies (if needed), opioid analgesics, and feeding a low-fat intestinal diet.

**DATE**

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**PATIENT**

Blaine Broming

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

MN

**Age**

10 years

**WEIGHT**

20 #

**IMAGES**

**Pancreas**



**Liver**



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**DATE**

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**PATIENT** Colon

Blaine Broming

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

MN

**Age**

10 years

**WEIGHT**

20 #

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**REFERRING VET**

Dr Caja

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**DATE**

4/20/23

**Colon**



**Small intestine**



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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