



PATIENT PRESENTING CLINICAL SIGNS

Emma Pif History: Recent rescue – minimal history. Diarrhea improving with metronidazole and probiotics.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: Normal.

BREED Serum Biochemistry: Elevated liver enzyme activity, amylase, and lipase.

Boston Mix Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS

Urinary System

AGE

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, and iliac blood vessels.

13 kg Normal iliac lymph nodes (0.6 cm). Ureters not visualized.

Normal renal size (left 4.9 cm, right 5.3 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

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Reproductive System

N/A.

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Adrenal Glands

Normal position with a rounded shape, increased echogenic appearance, and enlarged. Left 0.75 cm, right 0.93 cm.

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Dr Goeres

HOSPITAL NAME

Spleen

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

Kelowna Veterinary
Hospital

REFERRING VET

Dr Goeres

Liver

Normal size with a hyperechogenic appearance, some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident.

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Gall bladder

Full containing small amount of hyperechogenic sediment. Normal thickness and appearance of the wall. Normal bile duct.

DATE

4/20/23



PATIENT *Gastrointestinal*

Emma Pif
SPECIES
Canine

Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.38 cm, colon 0.24 cm), and no distension of the lumen. Thickening of the duodenum (0.56 cm) and small intestine (0.44 cm) with a prominent hypoechogenic appearance of the submucosal layer with fine mucosal stippling but no loss of layering or distension of the lumen. Fecal material within the colon.

BREED *Pancreas*

Boston Mix
Normal size with a mottled echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX *Free Abdomen*

FS
No mesenteric lymphadenomegaly.

AGE No ascites evident.

12 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT Primary Findings:

13 kg

- Enteropathy.
- Bilateral adrenomegaly.
- Pancreatic fibrosis vs chronic pancreatitis.
- Hepatopathy.

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Secondary Findings:

- Gall bladder sediment.

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Dr Goeres

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Kelowna Veterinary
Hospital

Etiologies for the enteropathy would be non-specific enteritis (dietary indiscretion, toxins, viral), parasitic enteritis, inflammatory bowel disease, dietary hypersensitivity, granulomatous disease, and emerging lymphoma.

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Etiologies for the adrenal glands would be disease stress and pituitary-dependent Cushing's disease.

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Etiologies for the hepatopathy would be reactive, vacuolar, hyperplasia, metabolic, chronic hepatitis, and infiltrative neoplasia.

Further assessment would be fecal analyses, cPL/PSL assay, cobalamin assay, adrenal function testing (ACTH stimulation/LDDS test), and possibly FNA cytology of the liver and endoscopy of the upper GI tract with biopsies.

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Specific therapy would be dependent on an etiological diagnosis.



PATIENT IMAGES

Emma Pif **Liver**

SPECIES

Canine

BREED

Boston Mix

SEX

FS

AGE

12 years

WEIGHT

13 kg



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Duodenum

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HOSPITAL NAME

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PATIENT Jejunum

Emma Pif

SPECIES

Canine

BREED

Boston Mix

SEX

FS

AGE

12 years

WEIGHT

13 kg



Pancreas

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Dr Goeres

HOSPITAL NAME

Kelowna Veterinary
Hospital

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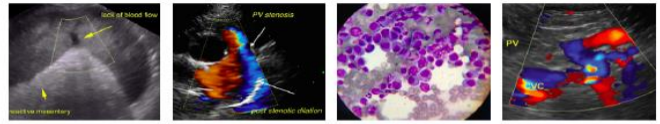
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PATIENT Left adrenal

Emma Pif

SPECIES

Canine

BREED

Boston Mix

SEX

FS

AGE

12 years

WEIGHT

13 kg

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HOSPITAL NAME

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Right adrenal



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DATE

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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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