



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Tessa Rhona
SPECIES Canine
BREED Poodle Cross
SEX FS
AGE 9 years
WEIGHT 15 kg

History: Intermittent diarrhea with mucus hematochezia past 3 months. Acute onset vomiting.
 Physical Examination: Dehydrated.
 Urinalysis: N/A.
 CBC: Mild neutrophilia.
 Serum Biochemistry: Mild hypokalemia.
 Radiographic Findings: Normal thorax and abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small 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, and iliac blood vessels.

Normal iliac lymph nodules. Ureters not visualized.

Normal renal size (left 5.6 cm, right 6.1 cm), echogenic appearance, cortico-medullary differentiation, blood flow, pelvis, and capsule.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 2.45 x 0.46/0.34 cm, right 2.25 x 0.42/0.5 cm.

Spleen

Normal size (1.4 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, and portal markings. Focal hypoechogenic parenchymal nodule (0.9 x 1.6 cm) in the caudal right lobe. No masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med), PhD,
Dipl. ECVIM

IMAGING PERFORMED BY

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DVM

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PATIENT *Gastrointestinal*

Tessa Rhona
SPECIES
Canine

Normal appearance of the, duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (duodenum 0.48 cm) and peristaltic activity, and no distension of the lumen. Irregular thickening of the gastric antral wall (up to 1.3 cm) with a hypoechoic appearance and some loss of layering. Segmental thickening of the colon (up to 0.45 cm) with no loss of layering and a focal intramural thickening (1.1 cm) in the distal colon.

BREED *Pancreas*

Poodle Cross
Normal size (right 1.2 cm, left 0.9 cm) with a hypoechoic appearance and irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX *Free Abdomen*

FS
No mesenteric lymphadenomegaly.

AGE
No ascites.

9 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT
Primary Findings:

15 kg

- Colitis.
- Gastropathy.
- Pancreatitis.

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Secondary Findings:

- Hepatic nodule.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the colitis would be parasitic, inflammatory bowel disease, dietary hypersensitivity, granulomatous, and emerging lymphoma. The most likely etiology for the focal intra-mural thickening would be lymphoid hyperplasia with neoplasia and granulomatous reaction, differential diagnoses.

Etiologies for the gastropathy would be non-specific gastritis, chronic gastritis, *Helicobacter* gastritis, ulcerative gastritis, inflammatory bowel disease, secondary to the pancreatitis, and emerging neoplasia.

The appearance of the pancreas is consistent with pancreatitis.

Etiologies for the hepatic nodule would be early nodular hyperplasia, reactive, granuloma, abscess, and neoplasia but most likely an incidental finding.

Further assessment would be fecal analysis and cPL/PSL assay. Once the pancreatitis has resolved then endoscopy of both the upper and lower GI tract would be indicated.

Specific therapy would be dependent on an etiological diagnosis. Management of the pancreatitis would be fluid therapy, correction of the hypokalemia, analgesics (NSAIDs and opioids), anti-emetics, and gastric protectants (sucralfate and omeprazole).



PATIENT IMAGES

Tessa Rhona **Colon**

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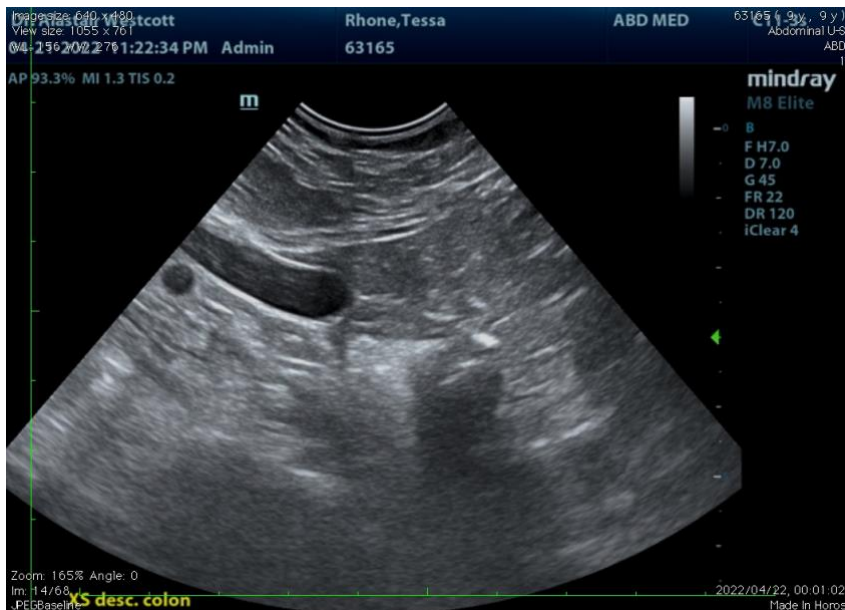
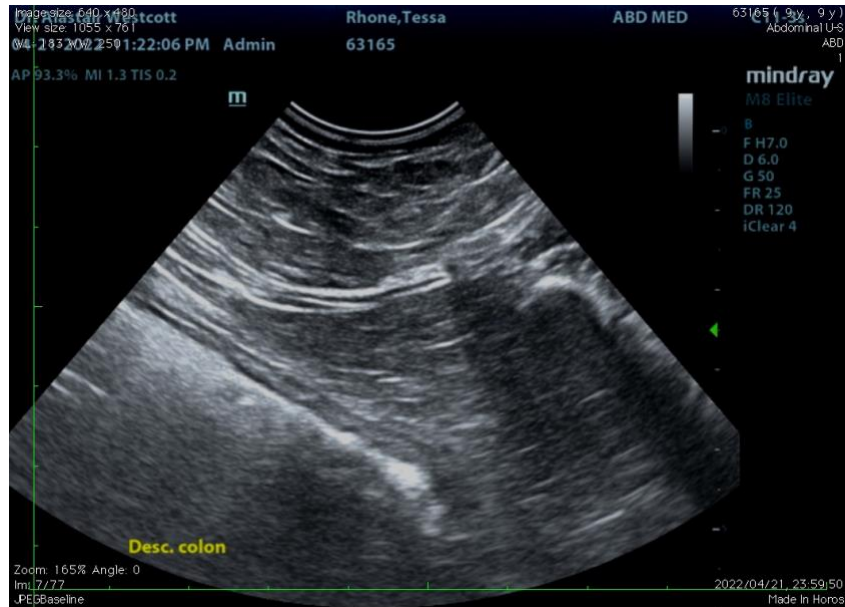
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PATIENT Liver

Tessa Rhona

SPECIES

Canine

BREED

Poodle Cross

SEX

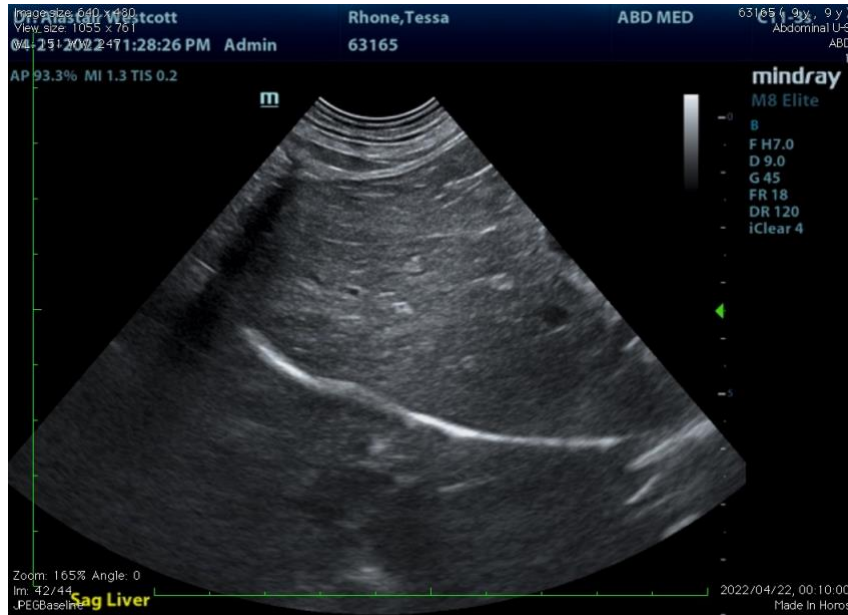
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Stomach

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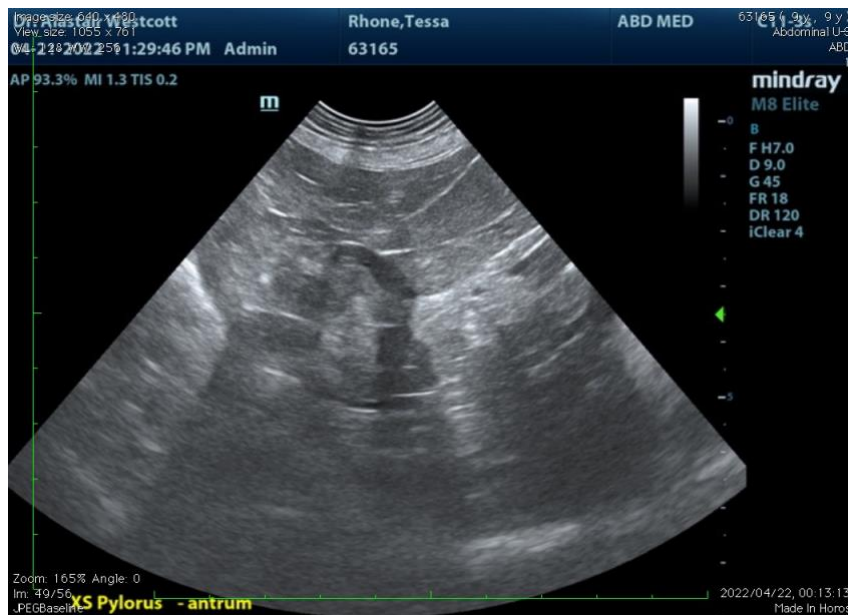
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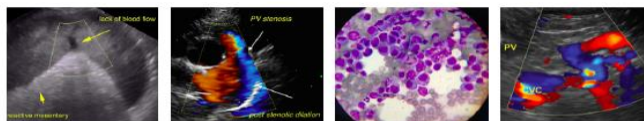
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PATIENT Pancreas

Tessa Rhona

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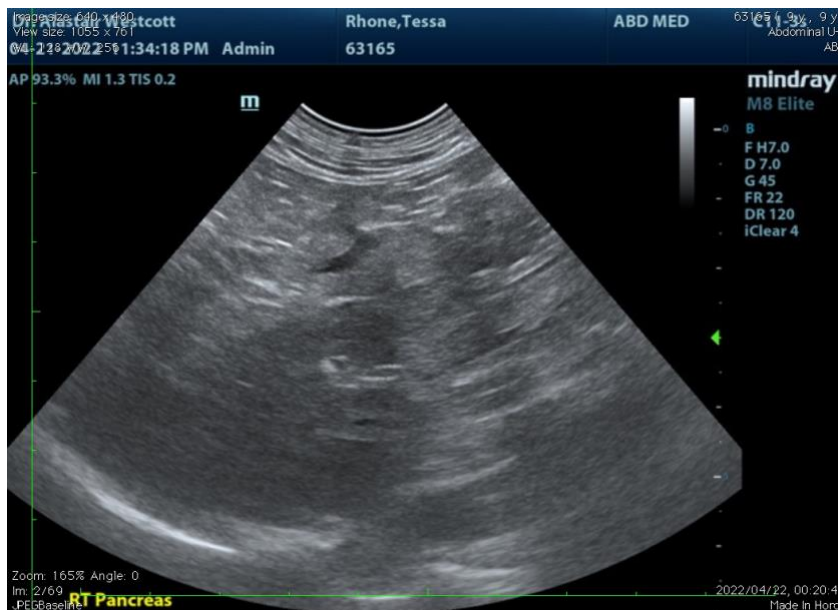
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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