



PATIENT PRESENTING CLINICAL SIGNS

Molly Rivera Cabrera History: Initially presented for anorexia with normal blood work. Progressive deterioration, vomiting. Previous history of pancreatitis.

SPECIES Physical Examination: Icterus, grade III/VI murmur, lethargic, depressed.

Canine CBC: Neutrophilia, thrombocytopenia.

BREED Urinalysis: N/A.
Schnauzer Serum Biochemistry: Elevated liver enzyme activity and bilirubin
Radiographic Findings: Normal.

SEX

FS

AGE

10 years

WEIGHT

16.2 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Gabriel Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary Center

REFERRING VET

Dr Denisse De Moya

INVOICE

302936

DATE

4/30/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness (0.1 cm) and appearance of the wall. Small amount of floating hyperechogenic sediment. No uroliths evident.

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

Normal iliac lymph nodes (right 0.4 left 0.3 cm). Ureters not visualized.

Normal renal size (left 4.5 cm, right 5 cm) echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.41 cm, right 0.41 cm.

Spleen

Normal size (1.3 cm) and echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted

Liver

Normal size with a diffuse increased echogenic appearance, and some loss of portal markings. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Thickened (0.3 cm) and irregular gall bladder wall with a hyperechogenic appearance. Small amount of fluid accumulation around the caudal aspect of the gall bladder. Normal bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.32 cm, duodenum 0.38 cm, jejunum 0.31 cm, colon 0.14 cm) and peristaltic activity and no distension of the lumen.



PATIENT *Pancreas*

Molly Rivera Cabrera

Enlarged and irregular (right 1 cm, left 1.1 cm) with a diffuse hyperechogenic appearance. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES

Free Abdomen

Canine

Prominent mesenteric lymph nodes (0.25 x 1.8 cm).

BREED

Small amount ascites cranial abdomen.

Schnauzer

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

SEX

- Cholecystitis.
- Pancreatitis.
- Hepatopathy.
- Ascites.

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Secondary Findings:

WEIGHT

- Prominent mesenteric lymph nodes
- Urinary bladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Remo Lobetti, BVSc,
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Dipl. ECVIM

The appearance of the gall bladder is indicative of cholecystitis and with the small amount of fluid around the wall, perforation is highly likely.

The appearance of the pancreas is consistent with pancreatitis.

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The most likely etiology for the hepatopathy would be reactive secondary to the pancreatitis and cholecystitis.

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The most likely etiology for the focal ascites would be peritonitis - bile and/or secondary to the pancreatitis.

HOSPITAL NAME

Likely etiologies for the lymph nodes would be reactive and lymphadenitis.

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Cholecystitis with perforation of the wall and secondary pancreatitis is most probable as the icterus is most likely from bile leakage as the gall bladder is small (no bile duct obstruction), liver changes are mild and there is no anemia.

REFERRING VET

Dr Denisse De Moya

Further assessment would be cytology of the ascitic fluid.

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Cholecystectomy should be considered as urgent and specific therapy.

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IMAGES

Gall bladder





PATIENT Liver

Molly Rivera Cabrera

SPECIES

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Pancreas



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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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