



PATIENT

Sophie Vasilakos

SPECIES

Canine

BREED

Poodle Mix

SEX

FS

AGE

9 years

WEIGHT

7.2 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Seth Mitchell DVM

HOSPITAL NAME

Treasure Coast
Animal Emergency

REFERRING VET

Dr Cail

INVOICE

302973

DATE

5/18/22

PRESENTING CLINICAL SIGNS

History: Poor appetite past few weeks. Acute onset hemorrhagic diarrhea and vomiting.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: Elevated hematocrit.

Serum Biochemistry: Abnormal cPL. Elevated amylase.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 (0.4 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4 cm, right 4.4 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

N/A.

Adrenal Glands

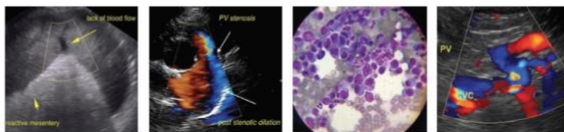
Normal shape, echogenic appearance, size, and position. Left 0.36 cm, right 0.36 cm.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct.



PATIENT

Sophie Vasilakos

SPECIES

Canine

BREED

Poodle Mix

SEX

FS

AGE

9 years

WEIGHT

7.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Seth Mitchell DVM

HOSPITAL NAME

Treasure Coast
Animal Emergency

REFERRING VET

Dr Cail

INVOICE

302973

DATE

5/18/22

Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness and peristalsis, and no distension of the lumen. Diffuse corrugated appearance of the small intestine. Thickening of the colon (0.6 cm) but with no loss of layering.

Pancreas

Enlarged (right 1.5 cm) with a diffuse hypoechoic appearance. Irregular capsule. Hyperechoic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes (0.31 cm).
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Pancreatitis.
- Enterocolitis.

Secondary findings:

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is typical for pancreatitis.

Although the enterocolitis is most likely secondary to the pancreatitis, bacterial, protozoal, helminths, inflammatory bowel disease, and dietary hypersensitivity needs to be considered.

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

Management of the pancreatitis would be fluid therapy, analgesics, anti-emetics, and feeding a low-fat intestinal diet.



PATIENT

Sophie Vasilakos

SPECIES

Canine

BREED

Poodle Mix

SEX

FS

AGE

9 years

WEIGHT

7.2 kg

IMAGES

Pancreas/intestine



Colon



INTERPRETED BY

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

IMAGING PERFORMED BY

Seth Mitchell DVM

HOSPITAL NAME

Treasure Coast Animal Emergency

REFERRING VET

Dr Caill

INVOICE

302973

DATE

5/18/22

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)
rlobetti@mweb.co.za