



PATIENT PRESENTING CLINICAL SIGNS

Toby Bell History: Episodes of severe diarrhea. Addison's disease – on prednisone.

SPECIES Physical Examination: Grade IV/VI heart murmur.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

Maltese Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN *Urinary System*

Age Full urinary bladder with a normal thickness and appearance of the wall. Small amount of floating hyperechogenic sediment present. No uroliths evident.

10 years Normal trigone area, proximal urethra (0.3 cm), and iliac blood vessels.

WEIGHT Normal iliac lymph nodes (0.8 cm). Ureters not visualized.

23 # Normal renal size (left 5 cm, right 4.7 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

INTERPRETED BY *Reproductive System*

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM Small hypoechogenic prostate (0.6 cm).

IMAGING PERFORMED BY *Adrenal Glands*

Sonya Myers, DVM Normal position, echogenic appearance, shape, and size. Left 0.49/0.34 m, right 0.48/0.41 cm.

HOSPITAL NAME *Spleen*

Oviedo Veterinary Care and Emergency Normal size (1.3 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

REFERRING VET *Liver*

Dr Rivera Enlarged with rounded edges, hyperechogenic appearance, some loss of portal markings, and regular curvilinear capsule. Mottled irregular parenchymal nodule (1.4 x 2 cm) in the right lobe adjacent to the gall bladder. No masses evident

INVOICE *Gall bladder*

304191 Fill gall bladder containing moderate amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.1 cm).

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PATIENT *Gastrointestinal*

Toby Bell Normal appearance of the stomach, duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (stomach 0.43 cm, duodenum 0.35 cm, jejunum 0.31 cm) and peristalsis, and no distension of the lumen. Segmental thickening of the colon (0.51 cm) with no loss of layering or distension of the lumen.

SPECIES

Canine

Pancreas
BREED

Maltese

Enlarged (left 1.5 cm, right 1.3 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 (2.4 cm).

MN

No ascites evident.

Age

10 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Pancreatitis.
- Hepatopathy.
- Hepatic nodule.
- Colitis.

WEIGHT

23 #

INTERPRETED BY

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

Secondary Findings:

- Gall and urinary bladder sediment.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

REFERRING VET

Dr Rivera

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be secondary to the pancreatitis, reactive, hyperplasia, hepatitis, and infiltrative neoplasia.

Etiologies for the hepatic nodule would be nodular hyperplasia, granuloma, organized hematoma, organized abscess, and neoplasia.

Etiologies for the colitis would be secondary to the pancreatitis, helminths, inflammatory bowel disease, ulcerative colitis, granulomatous disease, and neoplasia.

Further assessment would be urine and fecal analyses, cPL/PSL assay, FNA cytology of the liver and hepatic nodule, rectal cytobrush cytology, and possibly colonoscopy with biopsies.

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Specific therapy would be dependent on an etiological diagnosis. Management of the pancreatitis would be fluid therapy, opioid analgesics, antiemetics, and feeding a low-fat intestinal diet. The use of fuzapladib (Panoquell), which is a novel drug for controlling clinical signs in dog with acute pancreatitis, could also be considered. Symptomatic management of the liver would be ursodiol.



PATIENT IMAGES

Toby Bell **Liver**

SPECIES

Canine

BREED

Maltese

SEX

MN

Age

10 years

WEIGHT

23 #

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 ECVIM

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

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 Emergency

REFERRING VET

Dr Rivera

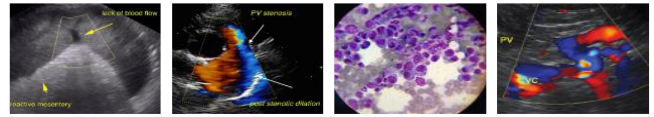
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PATIENT Pancreas

Toby Bell

SPECIES

Canine

BREED

Maltese

SEX

MN

Age

10 years

WEIGHT

23 #


Colon
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 MMedVet (Med), PhD, Dipl.
 ECVIM

IMAGING PERFORMED BY

Sonya Myers, DVM

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REFERRING VET

Dr Rivera


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DATE

5/4/23

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)
remo.lobetti@sonopath.com