



PATIENT

Luna Felix

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

5 years

WEIGHT

57 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Boca Midtowne Animal
Hospital

REFERRING VET

INVOICE

303079

DATE

6/29/22

PRESENTING CLINICAL SIGNS

History: Vomiting and diarrhea – diagnosed with pancreatitis at another clinic.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Distended urinary bladder with a thickened but normal echogenic appearance of the wall. Moderate amount of floating hyperechogenic sediment. No uroliths evident.

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

Normal iliac lymph nodes (2 cm). Ureters not visualized.

Normal renal size (both 6.4 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule

Reproductive System

N/A.

Adrenal Glands

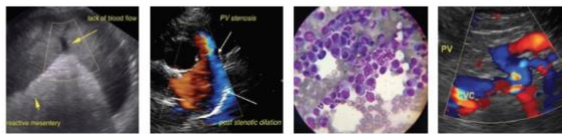
Normal shape, echogenic appearance, position, and size. Left 0.68 cm, right 0.57 cm.

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 moderate amount of hyperechogenic sediment. Normal thickness but a hyperechogenic appearance of the gall bladder wall. Normal bile duct.



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Gastrointestinal

Normal appearance of the duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (duodenum 0.39 cm, jejunum 0.38 cm) and peristaltic activity, and no distension of the lumen. Thickening of the stomach (0.54 cm) and colon (0.48 cm) with no loss of layering or distension of the lumen.

Pancreas

Normal size (1.1 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Cystitis.
- Gastro-colonopathy.
- Cholecystitis?

Secondary findings:

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the thickened bladder wall would be cystitis – bacterial or sterile.

The most likely etiology for the gastro-colonopathy would be non-specific conditions (viral, bacterial, helminths, toxins, dietary indiscretion), with *Helicobacter* gastritis, ulcerative disease, granulomatous colitis, inflammatory bowel disease, and dietary hypersensitivity differential diagnoses.

Although the appearance of the gall bladder may be an incidental finding, cholecystitis needs to be considered.

Further assessment would be urine and fecal analysis and urine culture and if there is not a satisfactory improvement then endoscopy of both the upper and lower GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Supportive management would be feeding an intestinal diet, course of fenbendazole and/or metronidazole, intestinal protectants/absorbents, and anti-emetics. Symptomatic therapy of the gall bladder would be liver would be ursodiol.



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IMAGES

Stomach



Colon



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)
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