



PATIENT

Jet O'Neil

SPECIES

Canine

BREED

Minitaure Pincher

SEX

MN

AGE

13 years

WEIGHT

12 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

Dr Glickman

INVOICE

303115

DATE

7/10/22

PRESENTING CLINICAL SIGNS

History: Open mouth breathing.

Physical Examination: Murmur.

Urinalysis: N/A.

CBC: Mild anemia, severe leukocytosis.

Serum Biochemistry: Elevated cPL.

Radiographic Findings: Bronchial pattern.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and echogenic 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 nodes. Ureters not visualized.

Normal renal size (left 4.2 cm, right 4.4 cm) with a hyperechogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

Reproductive System

N/A.

Adrenal Glands

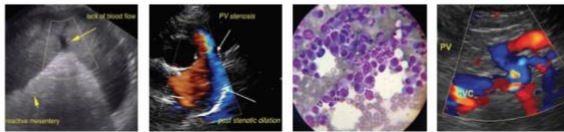
Normal shape, echogenic appearance, position, and size. Left 0.54 cm, right 0.55 cm.

Spleen

Normal size (1.9 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

Enlarged with rounded edges, coarse echogenic appearance, and some loss of portal markings. Two focal parenchymal hypoechoic nodules (0.7 cm and 0.9 cm). No masses evident. Full gall bladder containing large amount of adhered hyperechoic sediment in a stellate pattern. Thickened and hyperechogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).



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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (stomach 0.34 cm, duodenum 0.34 cm, jejunum 0.29 cm) and peristaltic activity, and no distension of the lumen. Thickened wall of the colon (0.53 cm) with no loss of layering.

Pancreas

Enlarged (2 cm) and irregular with a diffuse hypoechoic appearance. Hyperechoic appearance of the mesentery and fat surrounding the pancreas with fluid pockets.

Free Abdomen

No mesenteric lymphadenomegaly.
Small amount of ascites cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Pancreatitis.
- Hepatopathy.
- Hepatic nodules.
- Mucocele.
- Colitis.

Secondary findings:

- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with acute pancreatitis with regional peritonitis.

Etiologies for the hepatopathy would be reactive, hyperplasia, vacuolar, metabolic, chronic hepatitis, early cirrhosis, and early nodular regeneration, with infiltrative neoplasia, a far less likely differential diagnosis

The hepatic nodules are most likely incidental findings.

The most likely etiology for the colitis would be reactive secondary to the pancreatitis.

Further assessment that could be considered would be FNA cytology of the liver.

Management of the pancreatitis would be fluid therapy, correction of electrolyte anomalies (if needed), opioid analgesics, gastric protectants, anti-emetics, and feeding a low-fat intestinal diet. A short course of prednisolone (½ mg/kg sid for 3-4 days) has been shown to aid recovery in acute pancreatitis. Management of the hepatopathy and mucocele would be ursodiol.



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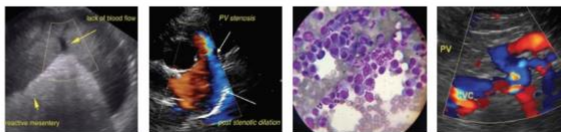
IMAGES

Pancreas



Gall bladder





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Liver



Colon



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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.

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