


**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Olive Ramon Diresta  
History: Multiple episodes of gastroenteritis. On prescription GI diet.

**SPECIES**  
Physical Examination: N/A.

Canine  
Urinalysis: N/A.

CBC: N/A.

**BREED**  
Serum Biochemistry: N/A.

Miniature Schnauzer  
Radiographic Findings: N/A.

**SEX**

FS

**AGE**

2 years

**WEIGHT**

15 #

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**Urinary System**

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

Normal trigone, proximal urethra (0.2 cm), and iliac blood vessels.

Normal iliac lymph nodes (1.9 cm). Ureters not visualized.

Normal renal size (left 4 cm, right 4.8 cm), echogenic appearance, cortico-medullary differentiation, pelvis and capsule. Mineralization of the right kidney.

**Reproductive System**

N/A.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position. Left 0.42/0.35 cm, right 0.33/0.6 cm.

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**Spleen**

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

**REFERRING VET**

Dr Anne Malisse

**Liver**

Normal size, echogenic appearance, and portal markings. Regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).

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303134

**Gastrointestinal**
**DATE**

7/19/22

Normal appearance of the stomach, duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (duodenum 0.39 cm, jejunum 0.33 cm) and peristaltic activity, and no distension of the lumen. Thickening of the colon (0.31 cm) with no loss of layering or distension of the lumen.


**PATIENT** *Pancreas*

Olive Ramon Diresta

Normal size (left 1 cm, right 0.6 cm) with a diffuse mottled echogenic appearance. Irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES**
*Free Abdomen*

Canine

Normal mesenteric lymph nodes (0.3 x 2.2 cm).  
No ascites.

**BREED**

Miniature Schnauzer

**ULTRASONOGRAPHIC FINDINGS**
**SEX**

Primary Findings:

FS

- Pancreatitis.
- Colitis.

**AGE**

2 years

Secondary Findings:

- Right renal mineralization.
- Urinary bladder sediment

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
**INTERPRETED BY**

Etiologies for the pancreas would be resolving pancreatitis, chronic-active pancreatitis, and fibrosis.

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ECVIM

Etiologies for the colitis would be secondary to the pancreatitis, inflammatory bowel disease, granulomatous colitis, helminths, with emerging neoplasia, a far less likely differential diagnosis.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

Further assessment would be urine and fecal analysis, cPL/PSL assay, and possibly colonoscopy with biopsies.

**HOSPITAL NAME**

Specific therapy would be dependent on an etiological diagnosis.

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**PATIENT**

Olive Ramon Diresta

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**SEX**

FS

**AGE**

2 years

**WEIGHT**

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**IMAGES**

**Urinary bladder**



**Colon**





**PATIENT** Pancreas

Olive Ramon Diresta

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**SEX**

FS

**AGE**

2 years

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 MMedVet (Med), PhD, Dipl.  
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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.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

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

Oviedo Veterinary Care and  
 Emergency

**REFERRING VET**

Dr Anne Malisse

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