



PATIENT PRESENTING CLINICAL SIGNS

Charlie Warner History: Drooling and regurgitating, Previous spinal surgery. Suspected GI obstruction.
Physical Examination: Abdominal pain.

SPECIES
Canine
Urinalysis: N/A.
CBC: N/A.

BREED
Dachshund
Serum Biochemistry: Mildly elevated liver enzyme activity.
Radiographic Findings: N/A.

SEX

MN

AGE

15 years

WEIGHT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.9 cm, right 4.4 cm), echogenic appearance, cortico-medullary differentiation, pelvis and capsule.

INTERPRETED BY

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

Reproductive System

Small hypoechogenic prostate (1.2 cm).

IMAGING PERFORMED BY

Sonya Myers, DVM

Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 0.6/0.55 cm, right 0.57/0.5 cm.

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Spleen

Normal size (1.6 cm) 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 Smith

Liver

Normal size, with a diffuse hypoechogenic appearance, some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing small amount of mineralized hyperechogenic sediment (1 cm). Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).

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Gastrointestinal

DATE

7/26/22

Normal appearance of the stomach, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (jejunum 0.41 cm) and peristaltic activity, and no distension of the lumen. Thickening of the duodenum (0.56 cm) with no loss of layering or distension of the lumen.



PATIENT *Pancreas*

Charlie Warner

Enlarged (right 1.6 cm) with a diffuse mottled echogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine

Normal mesenteric lymph nodes (1.6 cm).

Small amount of ascites

BREED

Hyperechogenic appearance of the mesentery in the cranial abdomen and around the small intestine.

Dachshund

SEX **ULTRASONOGRAPHIC FINDINGS**

MN

Primary Findings:

AGE

- Pancreatitis.
- Hepatopathy.
- Enteropathy.
- Mesenteric inflammation

15 years

WEIGHT

Secondary Findings:

- Urinary and gall bladder sediment.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the pancreas would be resolving acute pancreatitis, chronic-active pancreatitis, and emerging neoplasia.

IMAGING PERFORMED BY

Sonya Myers, DVM

Etiologies for the hepatopathy would be secondary to the pancreatitis, reactive, vacuolar, metabolic, and chronic hepatitis, with infiltrative neoplasia, a far less likely differential diagnosis.

HOSPITAL NAME

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Etiologies for the enteropathy would be secondary to the pancreatitis, non-specific enteritis (viral, bacterial, protozoal, helminths, toxins, dietary indiscretion), inflammatory bowel disease, and dietary hypersensitivity.

The mesenteric inflammation and ascites can be ascribed to the pancreatitis.

REFERRING VET

Dr Smith

Further assessment would be urine and fecal analyses, cPL/PSL assay, FNA cytology of the liver and possibly the pancreas, and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Initials symptomatic management would be low-fat intestinal diet, course of fenbendazole and/or metronidazole, analgesics, anti-emetics, and ursodiol.

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PATIENT IMAGES

Charlie Warner

Liver

SPECIES

Canine

BREED

Dachshund

SEX

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AGE

15 years

WEIGHT



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Gall bladder

IMAGING PERFORMED BY

Sonya Myers, DVM

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REFERRING VET

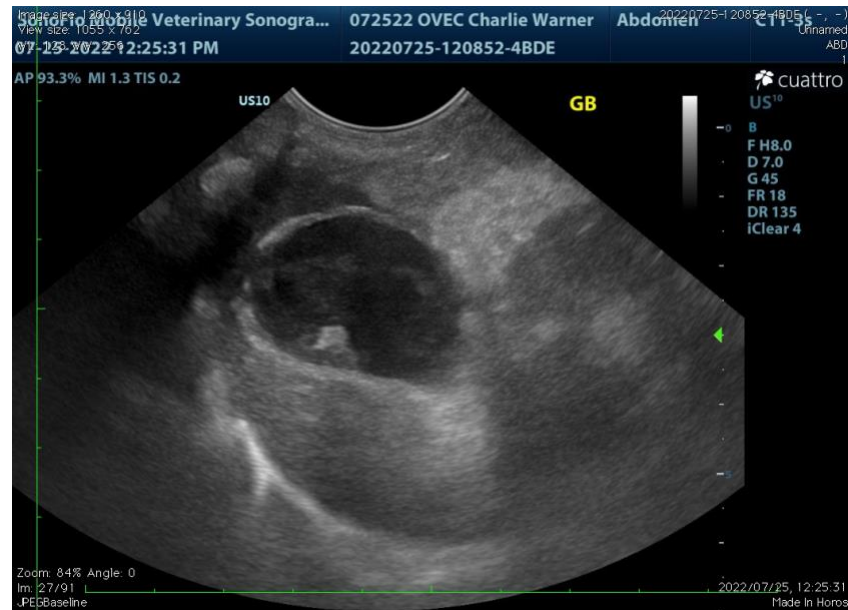
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PATIENT Small intestine/mesentery

Charlie Warner

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

15 years

WEIGHT



Pancreas

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REFERRING VET

Dr Smith



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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.

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