



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Stitch Kadinger  
History: Diagnosed and treated for pancreatitis. Anorexia, lethargy and straining to defecate past 2 days. Re-hospitalized.

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

Canine  
Urinalysis: N/A.

**BREED** CBC: Mild neutrophilia.

Chihuahua  
Serum Biochemistry: Mildly elevated liver enzyme activity.

Radiographic Findings: N/A.

**SEX**

MN

**AGE**

9 years

**WEIGHT**

9 #

**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. Normal anechoic urine with no sediment or uroliths evident.

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.7 cm, right 3.8 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**Reproductive System**

Small hypoechoic prostate (1.2 cm).

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position. Left 0.62/0.56 cm, right 0.53/0.5 cm.

**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.

**Liver**

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

**INVOICE**

303160

**DATE**

8/2/22

**IMAGING PERFORMED BY**

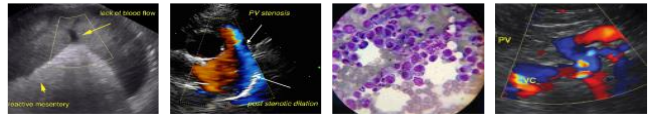
Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**REFERRING VET**

Dr Rebecca Williams


**PATIENT** *Gastrointestinal*

Stitch Kadinger

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Normal appearance of the duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.29 cm, colon 0.12 cm) and peristaltic activity, and no distension of the lumen. Thickening of the stomach (0.54 cm) and mild segmental thickening of the small intestine (up to 0.47 cm) with no loss of layering or distension of the lumen and normal peristalsis. Fluid within the stomach.

**Pancreas**

Enlarged (right 1.4 cm) with a diffuse hyperechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

Mesenteric lymphadenomegaly (3.2 cm) with normal shape and echogenic appearance.  
 No ascites

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Pancreatitis.
- Gastro-enteropathy.
- Lymphadenomegaly.

Secondary Findings:

- Gall bladder sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the pancreas is consistent with chronic active pancreatitis.

Etiologies for the gastroenteropathy would be secondary to the pancreatitis, non-specific (viral, bacterial, protozoal, helminths, toxins, dietary indiscretion), *Helicobacter* gastritis, ulcerative disease, inflammatory bowel disease, and dietary hypersensitivity.

The most likely etiology for the lymphadenomegaly would be reactive with lymphadenitis and infiltrative neoplasia, far less likely differential diagnoses.

The gall bladder sediment can be ascribed to the pancreatitis but should be monitored for possible development of a mucocele.

Further assessment would be fecal analysis, cPL/PSL assay, cobalamin assay, and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Initial symptomatic therapy would be low-fat intestinal diet, gastric protectants, anti-emetics, cobalamin supplementation, and a course of fenbendazole and/or metronidazole.



**PATIENT**

Stitch Kadinger

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**IMAGES**

**Stomach**



**Gall bladder**



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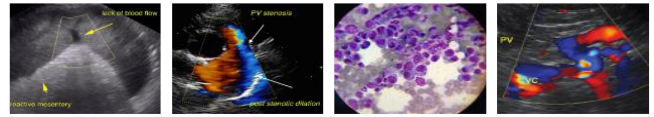
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**PATIENT** Pancreas

Stitch Kadinger

**SPECIES**

Canine

**BREED**

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**Small intestine**



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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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