



**PATIENT PRESENTING CLINICAL SIGNS**

Sandy Tang History: Renal disease, pancreatitis.

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

Canine Urinalysis: N/A.

CBC: N/A.

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

Bichon Frise Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

FS **Urinary System**

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

14 years

Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels.

**WEIGHT** Normal iliac lymph nodes (1.7 cm). Ureters not visualized.

Normal renal size (left 4.8 cm right 4.1 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule. Bilateral pyelectasia (both 0.4 cm).

**INTERPRETED BY** **Reproductive System**

N/A.

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

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position. Left 0.55/0.5 cm, right 0.46/0.48 cm. Faint hyperechogenic nodule (0.5 x 0.9 cm) in the cranial pole of the right adrenal.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME** **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. Incidental myelolipoma.

Oviedo Veterinary Care and  
Emergency

**REFERRING VET** **Liver**

Dr Rivera

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 (0.3 cm).

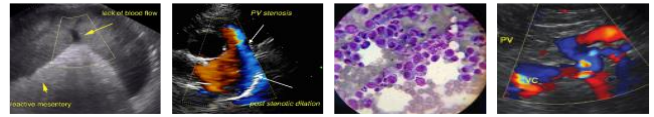
**INVOICE**

303190

**Gastrointestinal**

**DATE** Segmental thickening of the stomach (0.71 cm), duodenum (0.64 cm), small intestine (0.48 cm), and colon (0.57 cm) but with no loss of layering, normal peristaltic activity, and no distension of the lumen.

8/11/22



**PATIENT** *Pancreas*

Sandy Tang Enlarged (right 1.2 cm) and irregular with a hypoechogenic appearance of especially the right lobe. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Canine Mesenteric (0.6 x 1.8 cm) lymphadenomegaly with normal shape and echogenic appearance. No ascites.

**BREED**

Bichon Frise

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

**SEX**

FS

**Age**

14 years

- Gastroenteropathy.
- Pancreatitis.
- Renal disease.
- Lymphadenomegaly.

Secondary Findings:

**WEIGHT**

- Right adrenal nodule.
- Urinary and gall bladder sediment.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

The appearance of the pancreas is typical for pancreatitis.

Etiologies for the renal disease would be chronic kidney injury, bacterial nephritis, and pyelonephritis.

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

The most likely etiology for the lymph nodes would be reactive, with lymphadenitis and neoplasia, differential diagnoses.

**REFERRING VET**

Dr Rivera

The adrenal nodule is most likely an incidental non-functional adenoma but needs to be monitored for possible functional adenoma and emerging carcinoma.

Although the gall bladder sediment is most likely an incidental finding, monitoring for the development of a mucocele would be recommended.

**INVOICE**

303190

Further assessment would be urine and fecal analysis, urine culture, cPL/PSL assay, cobalamin assay, and possibly adrenal function testing and endoscopy of both the upper and lower GI tract with biopsies.

**DATE**

8/11/22

Specific therapy would be dependent on an etiological diagnosis.



**PATIENT**      **IMAGES**  
 Sandy Tang      **Pancreas**

**SPECIES**

Canine

**BREED**

Bichon Frise

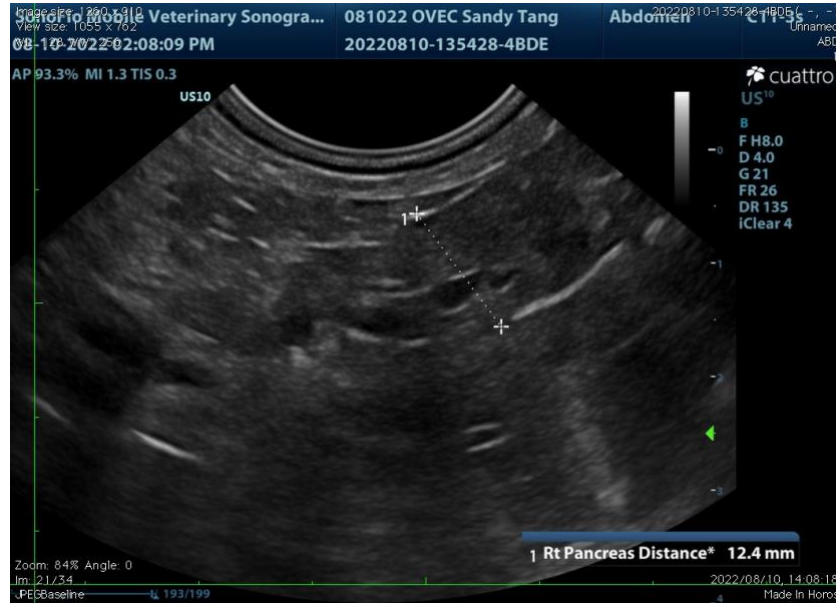
**SEX**

FS

**Age**

14 years

**WEIGHT**



**Right adrenal**

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
 Emergency

**REFERRING VET**

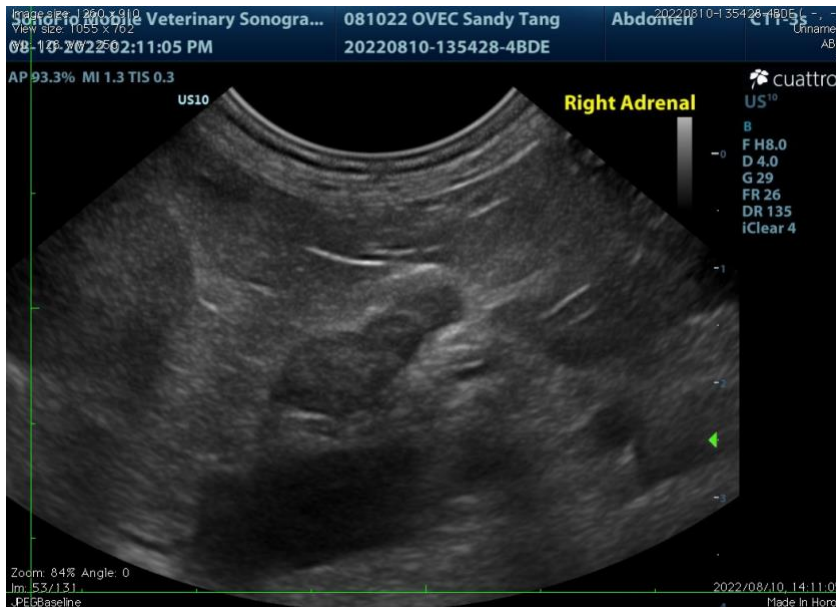
Dr Rivera

**INVOICE**

303190

**DATE**

8/11/22





**PATIENT** Colon

Sandy Tang

**SPECIES**

Canine

**BREED**

Bichon Frise

**SEX**

FS

**Age**

14 years

**WEIGHT**



**Stomach**

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
 Emergency

**REFERRING VET**

Dr Rivera

**INVOICE**

303190

**DATE**

8/11/22





**PATIENT** Duodenum

Sandy Tang

**SPECIES**

Canine

**BREED**

Bichon Frise

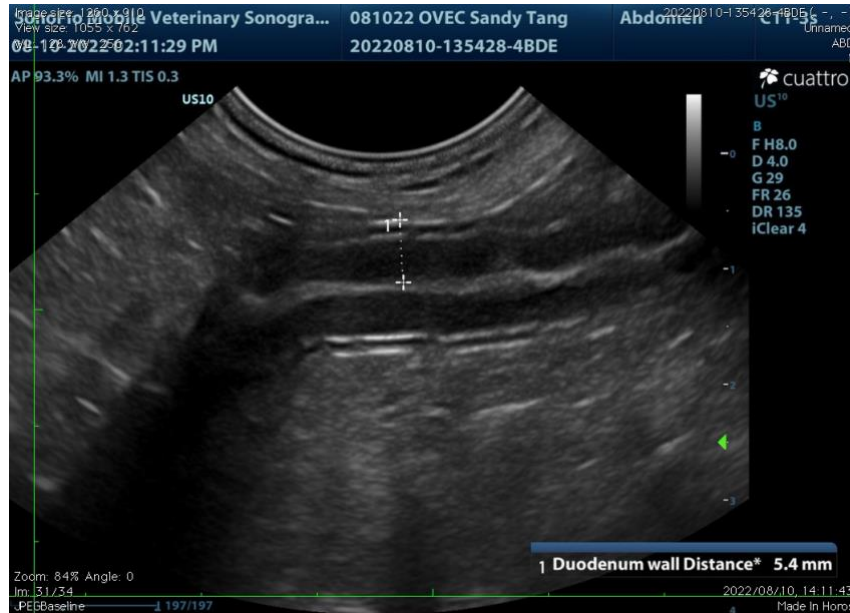
**SEX**

FS

**Age**

14 years

**WEIGHT**



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)**  
[rlobetti@mweb.co.za](mailto:rlobetti@mweb.co.za)

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
 Emergency

**REFERRING VET**

Dr Rivera

**INVOICE**

303190

**DATE**

8/11/22