



PATIENT PRESENTING CLINICAL SIGNS

Shiloh Hamilton
History: N/A.
Physical Examination: N/A.
SPECIES
Canine
Urinalysis: N/A.
CBC: N/A.

BREED
Chihuahua
Serum Biochemistry: Elevated liver enzyme activity, bilirubin, and phosphate.
Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN *Urinary System*

Age
11 years
Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

WEIGHT
Normal trigone area, proximal urethra (0.5 cm), and iliac blood vessels.
Iliac lymphadenomegaly (0.5 x 1.7 cm) with normal shape and echogenic appearance. Ureters not visualized.

INTERPRETED BY
Normal renal size (left 4.8 cm right 5.1 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

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

Reproductive System

Small hypoechoic prostate (0.9 cm).

IMAGING PERFORMED BY *Adrenal Glands*

Sonya Myers, DVM
Normal shape, echogenic appearance, and position. Normal size of right gland (0.41/0.58 cm), plump left gland (0.77/0.47 cm).

HOSPITAL NAME *Spleen*

Oviedo Veterinary Care and
Emergency
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 *Liver*

Dr Rivera
Normal size with a diffuse hypoechoic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).

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PATIENT *Gastrointestinal*

Shiloh Hamilton Normal appearance of the small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (jejunum 0.32 cm) and peristaltic activity, and no distension of the lumen.

SPECIES Segmental thickening of the stomach (up to 0.7 cm) with no loss of layering or distension of the lumen. Corrugated appearance of the duodenum with normal thickness (0.47 cm) and layering.

Canine

Pancreas

BREED Enlarged and irregular (1.6 cm, 3.4 cm, 1.1 cm) with a hypoechogenic appearance. Hyperechogenic appearance of the of the mesentery and fat surrounding the pancreas. Small amount of fluid around the pancreas.

Chihuahua

Free Abdomen

SEX Mesenteric lymphadenomegaly (0.8 x 2.8 cm) with normal shape and echogenic appearance. No ascites.

MN

Age

11 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Pancreatitis.
- Gastro-duodenitis.
- Hepatomegaly.
- Lymphadenomegaly.
- Left adrenomegaly.

Secondary Findings:

- None

INTERPRETED BY

Remo Lobetti, BVSc,
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ECVIM

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

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REFERRING VET

Dr Rivera

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is typical for acute pancreatitis with associated localized peritonitis, hepatopathy, and gastro-duodenitis.

The most likely etiology for the lymph nodes would be reactive with lymphadenitis, a differential diagnosis.

The adrenomegaly is most likely from disease stress with emerging Cushing's disease, a differential diagnosis.

Further assessment would be cPL/PSL assay.

Management would be fluid therapy, correction of electrolyte anomalies (if present), opioid analgesics, 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; however, this needs to be weighed-up (risk vs benefits) as the patient is diabetic.



PATIENT IMAGES

Shiloh Hamilton

Pancreas

SPECIES

Canine

BREED

Chihuahua

SEX

MN

Age

11 years

WEIGHT



Liver

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

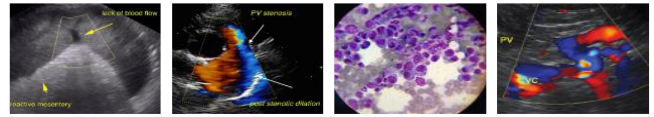
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PATIENT Stomach

Shiloh Hamilton

SPECIES

Canine

BREED

Chihuahua

SEX

MN

Age

11 years

WEIGHT



Left adrenal

INTERPRETED BY

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

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

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REFERRING VET

Dr Rivera



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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)
rlobetti@mweb.co.za