



**PATIENT PRESENTING CLINICAL SIGNS**

**Athena Wlodarski** History: Protected vomiting past few days. On fluids, Cerenia, and pantoprazole.  
**Physical Examination:** N/A.  
**Urinalysis:** N/A.  
**CBC:** N/A.  
**Serum Biochemistry:** Mildly elevated ALP activity.  
**Radiographic Findings:** Pending.

**SEX**

FS

**Age**

8 years

**WEIGHT**

52 #

**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 (0.7 cm), and iliac blood vessels.

Normal iliac lymph nodes (2.7 cm). Ureters not visualized.

Normal renal size (left 6 cm right 6.7 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**Reproductive System**

N/A.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**Adrenal Glands**

Normal shape, echogenic appearance, and position. Enlarged left gland (0.75/0.63 cm), normal size of right gland (0.6/0.59 cm).

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**Spleen**

Normal size (1.9 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 Osman

**Liver**

Normal size, echogenic appearance, 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 (0.3 cm).

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**PATIENT**
***Gastrointestinal***

Athena Wlodarski

Fluid filled stomach with normal appearance of the wall. Shadowing jejunal foreign body (3.5 cm). Fluid/chyle distended intestine proximal to the obstruction. Normal appearance of the duodenum, rest of the small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.42 cm, jejunum 0.33 cm) and peristaltic activity, and no distension of the lumen.

**SPECIES**

Canine

**BREED**
***Pancreas***

Pit bull terrier Mix

Normal size (2 cm) with a hyperechogenic and irregular appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SEX**
***Free Abdomen***

FS

Normal mesenteric lymph nodes (2.8 cm).

**Age**

No ascites.

8 years

Hyperechogenic appearance of the mesentery surrounding the foreign body.

**ULTRASONOGRAPHIC FINDINGS**
**WEIGHT**

Primary Findings:

52 #

- Jejunal foreign body
- Pancreatic fibrosis.
- Regional mesenteric inflammation.

**INTERPRETED BY**

Secondary Findings:

- Left adrenomegaly.

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**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the small intestine is consistent with an intestinal obstruction with regional mesenteric inflammation.

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 Emergency

The appearance of the pancreas is consistent with remodeling fibrosis with chronic-active pancreatitis a differential diagnosis.

**REFERRING VET**

Dr Osman

Although the left adrenomegaly is most likely an incidental age-related change, emerging Cushing's disease needs to be considered and followed up if there are signs of Cushing's disease.

Further assessment/therapy would be laparotomy.

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**PATIENT IMAGES**

Athena Wlodarski

**Small intestine**

**SPECIES**

Canine

**BREED**

Pit bull terrier Mix

**SEX**

FS

**Age**

8 years

**WEIGHT**

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**HOSPITAL NAME**

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**REFERRING VET**

Dr Osman

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**PATIENT** Pancreas

Athena Wlodarski

**SPECIES**

Canine

**BREED**

Pit bull terrier Mix

**SEX**

FS

**Age**

8 years

**WEIGHT**

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**REFERRING VET**

Dr Osman

**Left adrenal**



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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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