



PATIENT

Bailey Lieberman

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

8 years

WEIGHT

19.4 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Boca Midtowne Animal
Hospital

REFERRING VET

Dr Boazman

INVOICE

303229

DATE

8/24/22

PRESENTING CLINICAL SIGNS

History: GI tract issues. B1 heart disease.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.2 cm, right 4.6 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule. Small non-obstructive renoliths in the right pelvis.

Reproductive System

Small hypoechoic prostate (1 cm).

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.54 cm.

Spleen

Normal size (1.4 cm) 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 normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.4 cm, duodenum 0.37 cm) and peristaltic activity, and no distension of the lumen. Ingesta-filled stomach.

Pancreas

Normal size (1.1 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. Focal area of the body of the pancreas appears enlarged (1.5 cm) with a mottled echogenic and irregular appearance with associated hyperechoic appearance of the surrounding tissue.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Focal pancreatitis?

Secondary findings:

- Renoliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the focal changes on the pancreas would be resolving pancreatitis and focal pancreatitis, with emerging neoplasia a less likely differential diagnosis.

Further assessment would be cPL/PSL assay. Repeat ultrasound of the pancreas after a few weeks would be recommended and if there is progressive enlargement then FNA cytology would be recommended.

Specific therapy would be dependent on an etiological diagnosis.

