

PATIENT

Mister Bigglesworth

SPECIES

Canine

BREED

SEX

MN

AGE

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

Seth Mitchell, DVM

HOSPITAL NAME

Treasure Coast Animal
Emergency

REFERRING VET

INVOICE

303335

DATE

8/25/22

PRESENTING CLINICAL SIGNS

History: N/A.

Physical Examination: N/A.

Urinalysis: N/A

CBC: Pending.

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

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, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (both 6.4 cm), echogenic appearance, cortico-medullary differentiation, and normal pelvis, and capsule. Mild bilateral mineralization.

Reproductive System

Small hypoechogenic prostate (1 cm).

Adrenal Glands

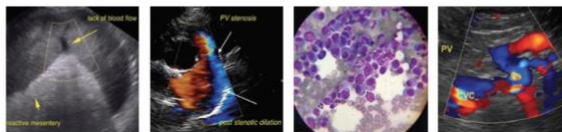
Normal shape, echogenic appearance, position, and size. Left 0.72 cm.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvilinear capsule, and normal vasculature. Focal hypoechogenic parenchymal nodule (1 cm) in the body of the spleen. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, portal markings, and curvilinear capsule. No nodules or masses evident. Small gall bladder containing hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (jejunum 0.35 cm) and peristaltic activity, and no distension of the lumen.

Pancreas

Enlarged (2 cm) and irregular with a mottled hypoechoogenic appearance. Hyperechoogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Pancreatitis.

Secondary findings:

- Splenic nodule.
- Gall bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

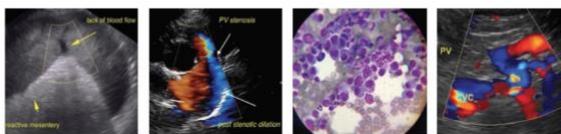
The appearance of the pancreas is consistent with pancreatitis.

The most likely etiology for the splenic nodule would be hyperplasia with granuloma, hematoma, abscess, and neoplasia, differential diagnoses.

Although the gall bladder sediment is most likely incidental and associated with the pancreatitis, monitoring for the development of a mucocele would be indicated.

Further assessment would cPL/PSL assay.

Management of the pancreatitis would be fluid therapy, correction of electrolyte anomalies (if needed), opioid analgesics, gastric protectants, 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.



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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