
PATIENT PRESENTING CLINICAL SIGNS

PATIENT Samson Walsh History: Vomiting and diarrhea, which has worsened since going home. Now showing hematochezia.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

BREED CBC: N/A.

Poodle Mix Serum Biochemistry: N/A.

Radiographic Findings: N/A.

SEX

Intact Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Age

3 years

Urinary System

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

WEIGHT

6.6 #

Normal trigone area, proximal urethra (0.6 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

INTERPRETED BY

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

Normal renal size (left 3.9 cm right 4.1 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

Normal size (1.4 cm) and appearance of the prostate. Normal appearance of the testes.

IMAGING PERFORMED BY

Sonya Myers, DVM

Adrenal Glands

Normal shape, echogenic appearance, and position but small and flattened in size. Left 0.34/0.47 cm, right 0.33/0.27 cm.

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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.

REFERRING VET

Dr Rivera

Liver
INVOICE

303346

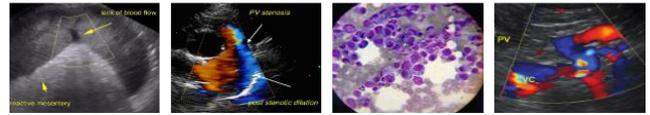
Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).

DATE

8/26/22

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.53 cm, duodenum 0.42 cm, jejunum 0.32 cm, colon 0.1 cm) and peristaltic activity, and no distension of the lumen. Ingesta-filled stomach.



PATIENT *Pancreas*

Samson Walsh

Enlarged and irregular (right 1.4 cm) with a hypoechoogenic appearance. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES

Free Abdomen

Canine

Mesenteric lymphadenomegaly (0.4 x 3.1 cm) with normal shape and echogenic appearance. No ascites.

BREED

Poodle Mix

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

SEX

Intact Male

- Pancreatitis.
- Mesenteric lymphadenomegaly.
- Small adrenal glands.

Age

3 years

Secondary Findings:

- None.

WEIGHT

6.6 #

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The appearance of the pancreas is consistent with pancreatitis.

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

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

Although the small adrenal glands may merely be an incidental finding, Addison's disease needs to be considered.

IMAGING PERFORMED BY

Sonya Myers, DVM

Further assessment would be fecal analyses, basal cortisol assay, and cPL/PSL assay.

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Emergency

Specific therapy would be dependent on an etiological diagnosis. 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

REFERRING VET

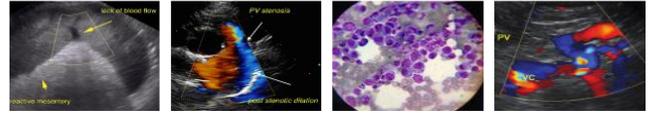
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PATIENT

Samson Walsh

SPECIES

Canine

BREED

Poodle Mix

SEX

Intact Male

Age

3 years

WEIGHT

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IMAGES

Stomach



Pancreas

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HOSPITAL NAME

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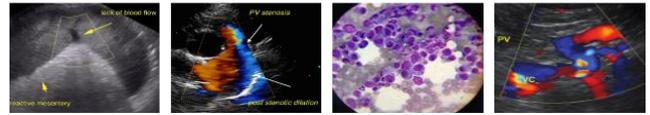
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PATIENT

Mesenteric lymph node

Samson Walsh

SPECIES

Canine

BREED

Poodle Mix

SEX

Intact Male

Age

3 years

WEIGHT

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Right adrenal

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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)
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