


PATIENT PRESENTING CLINICAL SIGNS

PATIENT Cacau Rodrigues History: Acute onset hemorrhagic diarrhea, anorexia.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

BREED CBC: Neutropenia, thrombocytopenia.

Lhasa Apso Serum Biochemistry: N/A.

Radiographic Findings: N/A.

SEX

FS

Age

7 years

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.

WEIGHT Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels.

Normal Iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.1, right 4.3 cm), echogenic appearance, cortico-medullary differentiation, pelvis and capsule.

INTERPRETED BY

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

Reproductive System

N/A.

IMAGING PERFORMED BY

Sonya Myers, DVM

Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 0.4 cm, right 0.54/0.45 cm. Irregular hyperechogenic nodule (1 x 1.4 cm) in the cranial pole of the left gland.

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Spleen

Normal size (0.8 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 Rivera

Liver
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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

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Gastrointestinal

Diffuse segmental thickening of the stomach (0.54 cm), duodenum, small intestine (0.4 cm), and colon (0.38 cm) with no loss of layering, normal peristaltic activity, and no distension of the lumen. Normal appearance of the ileo-cecal junction. Small amount of fluid and shadowing material within the stomach.


PATIENT *Pancreas*

Cacau Rodrigues

Enlarged (1.2 cm) with a diffuse hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine

Mesenteric lymphadenomegaly (0.4 x 2.8 cm) with normal shape and echogenic appearance. No ascites.

BREED

Lhasa Apso

Hyperechogenic appearance of the mesentery in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS
SEX

Primary Findings:

FS

Age

7 years

- Pancreatitis.
- Gastro-enteropathy.
- Mesenteric inflammation.
- Mesenteric lymphadenomegaly.
- Left adrenal nodule.

WEIGHT

Secondary Findings:

- None.

INTERPRETED BY

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ECVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with pancreatitis.

IMAGING PERFORMED BY

Sonya Myers, DVM

Etiologies for the gastroenteropathy would be secondary to the pancreatitis, non-specific enteritis (viral, bacterial, protozoal, helminths, toxins, dietary indiscretion), inflammatory bowel disease, and dietary hypersensitivity.

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The mesenteric inflammation and lymphadenomegaly can be ascribed to the pancreatitis and gastroenteropathy.

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Etiologies for the left adrenal nodule would be incidental finding, non-functional adenoma, and emerging functional adenoma/carcinoma.

REFERRING VET

Dr Rivera

Further assessment would be fecal analysis, cPL/PSL assay, and possibly endoscopy of the upper GI tract with biopsies (if the history is compatible with chronic GI issues) and adrenal function testing (if there are compatible clinical signs).

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be low-fat intestinal diet, opioid analgesics, intestinal protectants/absorbents

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PATIENT

Cacau Rodrigues

SPECIES

Canine

BREED

Lhasa Apso

SEX

FS

Age

7 years

WEIGHT

IMAGES

Left adrenal



INTERPRETED BY

Pancreas

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

IMAGING PERFORMED BY

Sonya Myers, DVM

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PATIENT

Small intestine

Cacau Rodrigues

SPECIES

Canine

BREED

Lhasa Apso

SEX

FS

Age

7 years

WEIGHT

Colon

INTERPRETED BY

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

IMAGING PERFORMED BY

Sonya Myers, DVM

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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