



**PATIENT PRESENTING CLINICAL SIGNS**

**Hunny Kim** History: Vomiting and diarrhea past few days with associated abdominal pain. Clinical signs appeared to have now resolved as the dog is anorexic.

**SPECIES** Physical Examination: N/A.

Canine Urinalysis: N/A.

**BREED** CBC: N/A.

Pomapoo Serum Biochemistry: N/A.

Radiographic Findings: N/A.

**SEX**

FS

**AGE**

10 years

**WEIGHT**

12.2 #

**INTERPRETED BY**

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ECVIM

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with 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 (left 3.7 cm, right 4.8 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Left 1.81 x 0.46 cm, right 1.68 x 0.61 cm.

**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.

**Liver**

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

**Gastrointestinal**

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

**INVOICE**

303182

**DATE**

8/9/22

**IMAGING PERFORMED BY**

Dr Paul Kim

**HOSPITAL NAME**

Ridgefield Park Animal  
Hospital

**REFERRING VET**

Dr Paul Kim



**PATIENT** *Pancreas*

Hunny Kim Enlarged (right 1.6 cm, left 0.4 cm) and irregular with a mottled echogenic appearance. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Canine No mesenteric lymphadenomegaly.  
No ascites.

**BREED**

Pomapoo

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Pancreatitis.

**SEX**

FS

Secondary Findings:

**AGE**

10 years

- Gall bladder sediment.
- Age-related renal changes.

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the pancreas is typical for acute pancreatitis.

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

Further assessment would be serum biochemistry and cPL/PSL assay.

Management would be fluid therapy (as needed), opioid analgesics, 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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**PATIENT IMAGES**

Hunny Kim **Pancreas**

**SPECIES**

Canine

**BREED**

Pomapoo

**SEX**

FS

**AGE**

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**WEIGHT**

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**Gall bladder**

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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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