



**PATIENT**

Henry Arton

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

MN

**AGE**

8 years

**WEIGHT**

10 #

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Brent Crutchfield, DVM

**HOSPITAL NAME**

Treasure Coast Animal  
Emergency

**REFERRING VET**

Dr Cail

**INVOICE**

303438

**DATE**

9/29/22

**PRESENTING CLINICAL SIGNS**

History: Severe hemorrhage enteritis poorly response to therapy.

Physical Examination: N/A.

Urinalysis: N/A

CBC: N/A.

Serum Biochemistry: Hypoalbuminemia.

Radiographic Findings: N/A.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with a normal thickness (0.1 cm) 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 (1.1 cm). Ureters not visualized.

Normal renal size (left 4.1 cm, right 5 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

**Reproductive System**

Small hypoechogenic prostate (0.9 cm).

**Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Left 0.62 cm, right 0.73 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 curvilinear capsule. No nodules or masses evident. Small gall bladder containing normal anechoic bile. 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, and ileo-cecal junction with no loss of layering, normal wall thickness (stomach 0.36 cm) and peristaltic activity. Segmental thickening of the duodenum (0.7 cm), small intestine (0.5 cm) and colon (0.46 cm) with no loss of layering or distension of the lumen. Fluid filled stomach. Fluid/fecal material within the colon.

**Pancreas**

Enlarged and irregular with a mottled echogenic appearance. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

No mesenteric lymphadenomegaly.  
Moderate amount of cellular ascites.  
Hyperechogenic appearance of the mesentery.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Pancreatitis.
- Enteropathy.
- Mesenteric inflammation
- Ascites.

Secondary findings:

- Age-related renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS IMAGES**

The most likely diagnosis would be acute pancreatitis with secondary enteropathy and peritonitis.

Other etiologies for the enteropathy would be non-specific (viral, bacterial, protozoal helminths, dietary indiscretion, toxins), inflammatory bowel disease, dietary hypersensitivity, and emerging lymphoma.

Further assessment would be fecal analyses, cPL/PSL assay, analysis and culture of the ascitic fluid, and if there not a satisfactory improvement then endoscopy of both the upper and lower GI tract with biopsies.

Management would be fluid therapy, opioid analgesics, low-fat intestinal diet, anti-emetics, intestinal protectants/absorbents, and a short course of prednisolone – ½ mg SID for 3-5 days.



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**IMAGES**

**Pancreas**



**Small intestine**





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**Mesentery/ascites**



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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

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