



## PATIENT

Deej Griffiths

## SPECIES

Canine

## BREED

Dachshund

## SEX

Neutered male

## AGE

12 years

## WEIGHT

6.6 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Mariusz  
Chmielinski

## HOSPITAL NAME

Apex Veterinary  
Services

## REFERRING VET

Alpine 24/7

## INVOICE

71740

## DATE

2/19/26

## PRESENTING CLINICAL SIGNS

- Acute vomiting and abdominal pain following ingestion of a large amount of beef fat (dietary indiscretion).
- Vomiting progressed from several episodes to ~10 episodes on day of presentation. Deej became anorexic, mildly dehydrated, weak/wobbly, and developed softer stools.
- T 39.4°C (yesterday 40.1)HR: 112 bpm, Mentation: QAR • Abdomen: Moderately tender, minimally distended • No vomiting this morning • Voiding normally CBC: • Marked leukocytosis with left shift (inflammatory leukogram) Chemistry: • Elevated ALT and bilirubin • Elevated lipase (2068) • Increased globulins and total protein • Mild hypochloremia • Mildly decreased BUN

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

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

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.9 cm, right measured 5.0 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. A few, small incidental cortical cysts are present in both kidneys.

The prostate is small and hypoechogenic measuring 0.6 cm in width.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.75 cm and 0.72 cm in width. The right adrenal gland measured 0.75 cm in width.

### Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.2 cm in width.



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## Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Small, focal, hypoechoic parenchymal nodule in the left lobe measuring 0.6 cm in size. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

## Gallbladder

The gallbladder is full containing a large amount of non-adhered, hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

## Gastrointestinal

A large amount of fluid and ingesta is present in the stomach with no obvious pyloric or duodenal obstruction evident. Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

## Pancreas

The pancreas is enlarged with a diffuse, mottled echogenic appearance and an irregular capsule. There was hyperechoic appearance of the mesentery and fat surrounding the pancreas. A small amount of fluid accumulation was noted around the pancreas.

## Free Abdomen

Normal mesenteric lymph nodes.

A small amount of ascites is present in the cranial abdomen.

## ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Hepatic nodule.
- Gallbladder sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with acute pancreatitis.

The most likely etiology for the hepatic nodule would be incidental nodular hyperplasia. The gallbladder sediment can be considered an incidental finding.



**PATIENT**

The appearance of the stomach can be attributed to the pancreatitis.

Deej Griffiths

Further assessment would be CPL/PSL assay.

**SPECIES**

Management of the pancreatitis would be fluid therapy, correction of any electrolyte anomalies, opioid analgesics, antiemetics, and feeding small frequent meals of a low-fat intestinal diet. The use of fuzapladib (Panoquell) could also be considered.

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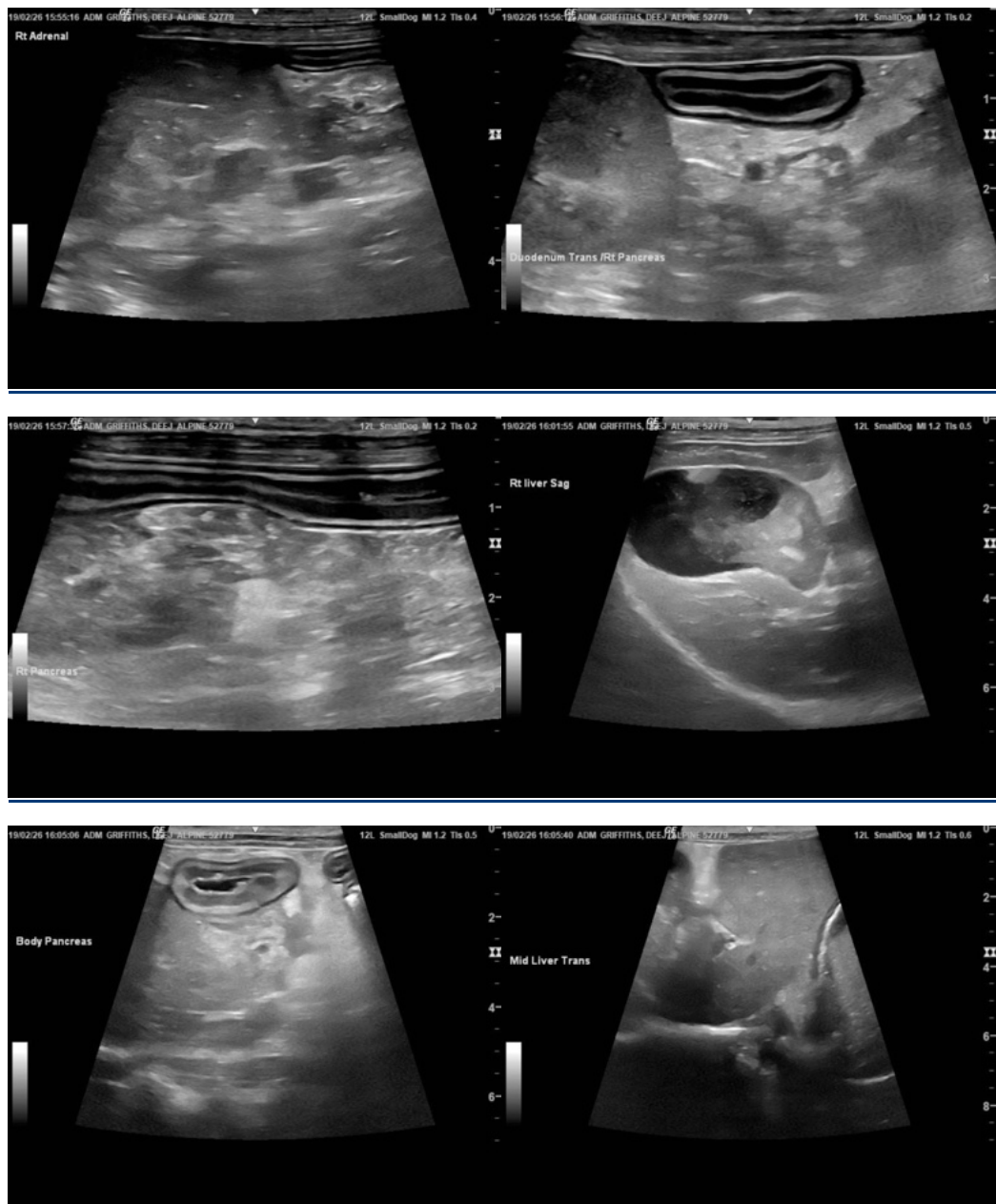
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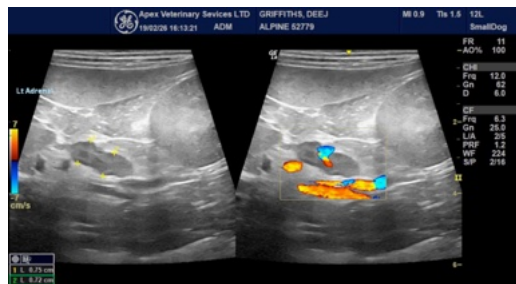
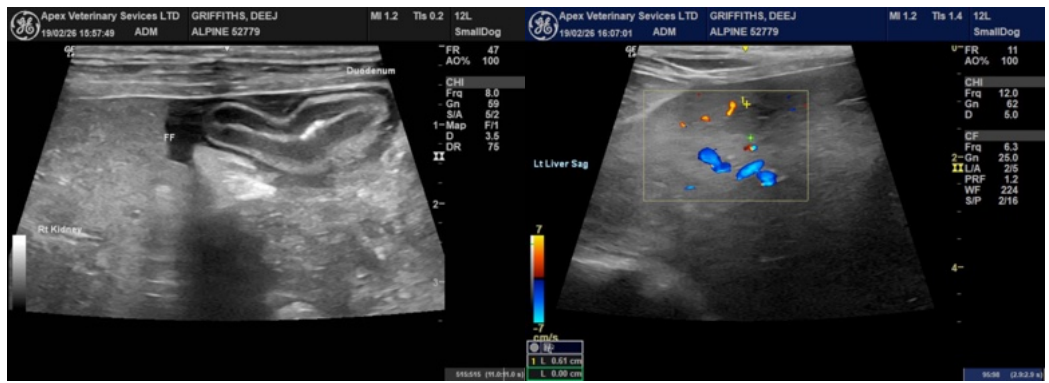
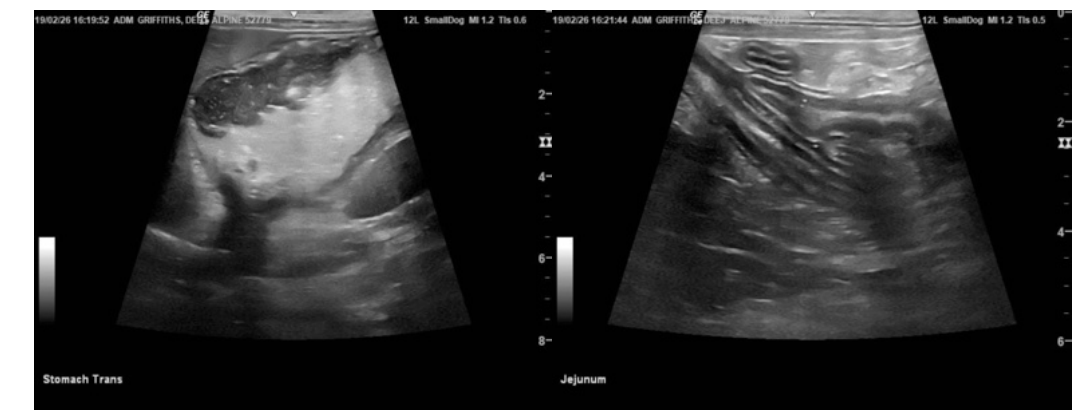
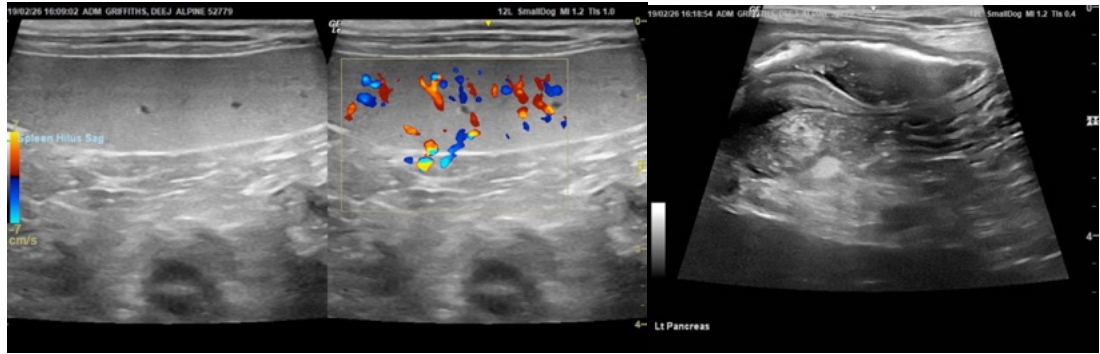
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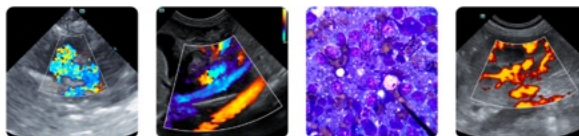
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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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