



PATIENT

Penelope Carter

SPECIES

Canine

BREED

Pit

SEX

Spayed female

AGE

4 years

WEIGHT

41 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Myers

HOSPITAL NAME

Banfield Colonial Town
Park

REFERRING VET

Dr. Kaufman

INVOICE

44733

DATE

6/14/23

PRESENTING CLINICAL SIGNS

History: Chronic UTIs. Hooded vulva

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a thickened and irregular apical wall, yet the rest of the wall had a normal thickness and smooth appearance. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels. The urethra measured 0.6 cm.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding. The iliac lymph node measured 0.6 x 1.63 cm.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 5.5 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature. The left adrenal gland measured 0.57 x 0.33 cm. The right adrenal gland measured 0.53 x 0.39 cm.

Spleen

The spleen is enlarged with a mottled, 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 2.7 cm. FNA was taken with no obvious post aspirate hemorrhage evident.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing a small amount of hyperechoic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct. The bile duct measured 0.2 cm.



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Gastrointestinal

Normal appearance of the stomach, 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.

Segmental thickening of the duodenum and small intestine with no loss of layering or distension of the lumen and maintained a 1:3 muscularis to mucosal ratio. The stomach measured 0.4 cm. The duodenum measured 0.54 cm. The jejunum measured 0.49 cm. The colon measured 0.16 cm.

Pancreas

The pancreas is enlarged with a diffuse, hypoechoic appearance and irregular capsule. Hyperechoic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 0.8 cm. The right pancreas measured 1.5 cm.

Free Abdomen

The mesenteric and perigastric lymphadenomegaly with normal echogenic appearance and shape. There is a small amount of ascites present. The mesenteric lymph nodes measured 0.7 x 1.6 cm.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Pancreatitis.
- Splenomegaly.
- Enteropathy.
- Lymphadenomegaly.
- Ascites.

Secondary Findings

- Mild cystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be secondary to the pancreatitis, non-specific enteritis (dietary indiscretion, toxins, viral), inflammatory bowel disease, dietary hypersensitivity, parasitic enteritis with emerging lymphoma or other neoplasia and less likely differential diagnosis.

Etiologies for the splenomegaly would be reactive secondary to the pancreatitis, hyperplasia, splenitis and infiltrative neoplasia.

Etiologies for the lymphadenomegaly would be secondary to the pancreatitis, hyperplasia, lymphadenitis and infiltrative neoplasia. The small amount of fluid can be ascribed to the pancreatitis.



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Further assessment would be based on the pending cytology results, but could include urine fecal analysis, urine culture, CPLI/PSL assay. Screening for vector borne diseases either by PCR or serology and if there is not a satisfactory improvement then FNA cytology of the lymph nodes and endoscopy of the upper GI tract with biopsies.

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Management of the pancreatitis would be fluid therapy, opioid analgesics, antiemetics, and feeding a low-fat intestinal diet. The use of fuzapladib (Panoquell), which is a novel drug for controlling clinical signs in dog with acute pancreatitis, could also be considered.

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Specific therapy would be dependent on an etiological diagnosis.

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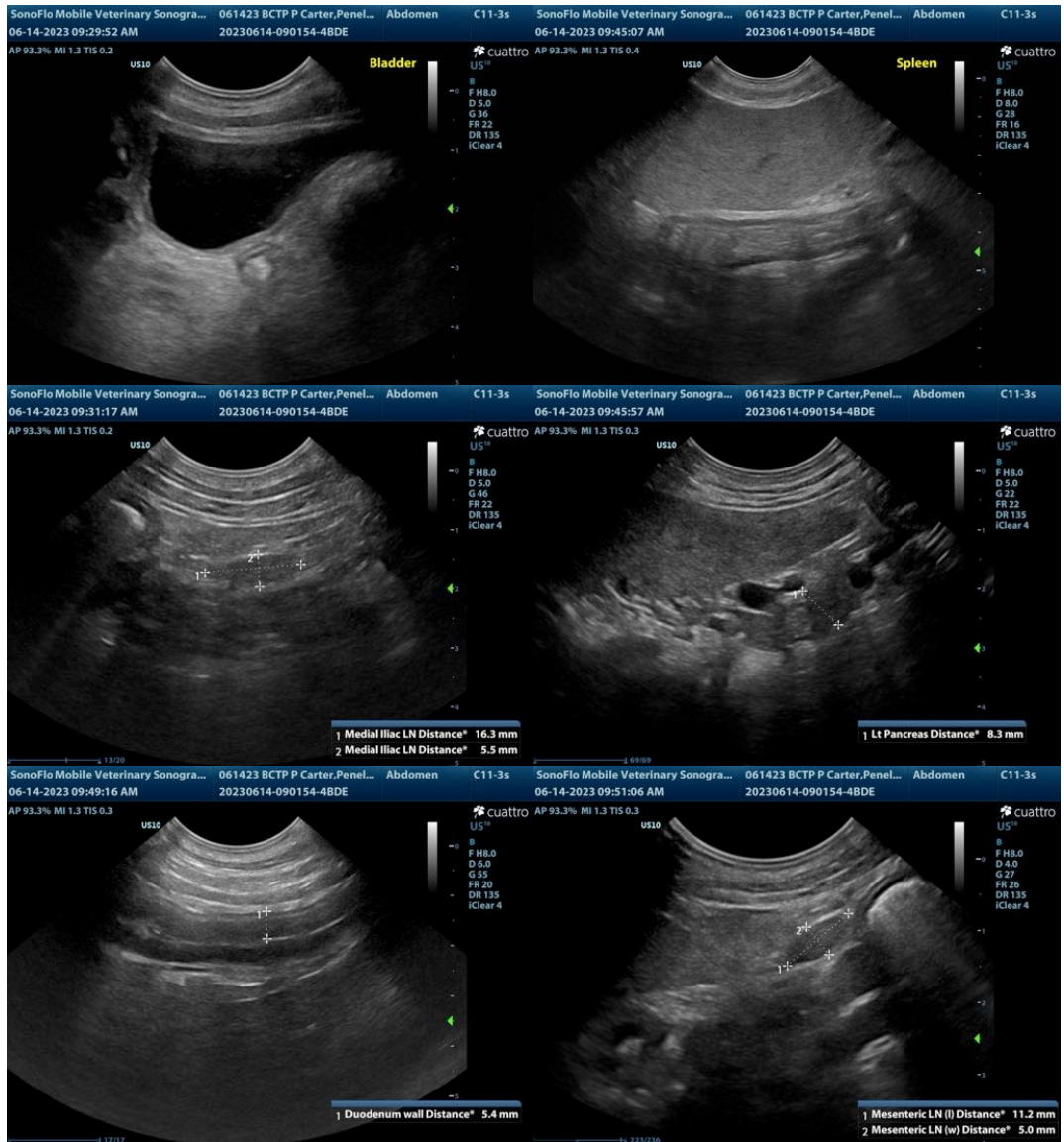
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@sonopath.com

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