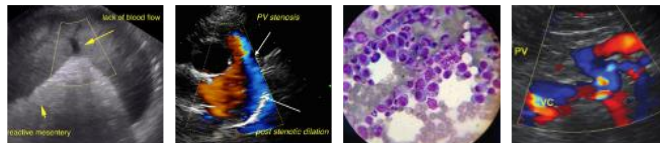




| | |
|---|--|
| PATIENT | PRESENTING CLINICAL SIGNS |
| Simba Joseph | History: Progressive hemorrhagic gastroenteritis, hematochezia, hematemesis, pancreatitis, weight loss, lethargy and anorexia. X-rays show material in the stomach and mild generalized gas in the intestines. No known foreign ingestion. Mildly decreased albumin. |
| SPECIES | |
| Canine | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| BREED | Urinary System |
| Shiba Inu | The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident. |
| SEX | |
| Neutered Male | Normal appearance of the trigone area, proximal urethra (0.40 cm), and iliac blood vessels. |
| AGE | |
| 8 years | Normal appearance and size of the iliac lymph nodes (one of which measures 1.30 cm). Ureters not visualized, which can be considered a normal finding. |
| WEIGHT | |
| 25 lbs | Renal System |
| INTERPRETED BY | Small hypoechogenic prostate (0.90 cm) |
| Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM | Adrenal Glands |
| | Normal echogenic appearance and position with a flattened shape and small in size (left 0.35 cm) (right 0.29 cm), position. |
| IMAGING PERFORMED BY | Spleen |
| Sonya Myers DVM | Normal size (1.40 cm) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Focal hypoechogenic parenchymal nodule in the body of the spleen (measuring 0.30 x 0.50 cm). |
| HOSPITAL NAME | Liver |
| Lake Emma AH | Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature. |
| REFERRING VET | Gallbladder |
| Hecker | The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct (0.30 cm). |
| INVOICE | Gastrointestinal |
| 14151 | Normal appearance of the stomach (0.35 cm), duodenum (0.50 cm), ileo-cecal junction, and colon (0.26 cm) 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 small intestine (up to 0.49 cm) with no loss of layering, increased muscularis: mucosa ratio, normal peristaltic activity and occasional mucosal stippling. No distention of the lumen evident. |
| DATE | |
| 8.17.23 | Pancreas |
| | Enlarged (left 1.00 cm / right 1.30 cm) with a hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas. |



PATIENT *Free Abdomen*

Mesenteric lymphadenomegaly (0.70 x 3.30 cm) with normal shape and echogenic appearance.

Simba Joseph

No ascites evident.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Primary Findings

Shiba Inu

- Pancreatitis

SEX

- Enteropathy

Neutered Male

- Small adrenal glands

AGE

- Mesenteric lymphadenomegaly

8 years

Secondary Findings

WEIGHT

- Renal mineralization

25 lbs

- Splenic nodule

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be nonspecific enteritis (dietary indiscretion, toxins, viral) secondary to the pancreatitis, inflammatory bowel disease, parasitic enteritis, dietary hypersensitivity and emerging primary lymphangiectasia, with infiltrative or emerging neoplasia an unlikely differential diagnosis.

IMAGING PERFORMED BY

Sonya Myers DVM

Although the appearance of the adrenal glands may be an incidental finding, Addison's disease needs to be considered.

HOSPITAL NAME

The most likely etiology for the mesenteric lymphadenomegaly would be reactive, secondary to the pancreatitis and enteropathy, with lymphadenitis and infiltrative neoplasia unlikely differential diagnoses.

Lake Emma AH

The splenic nodule is most likely an incidental hyperplastic nodule. However, granuloma, neoplasia, and abscess need to be considered.

REFERRING VET

Hecker

Further assessment would be fecal analysis, cPL/PSL assay and basal cortisol. Endoscopy of the upper GI tract and FNA cytology of the lymph nodes should be considered, if there is not a satisfactory improvement with symptomatic treatment.

INVOICE

Specific therapy would be dependent on an etiological diagnosis.

14151

Management of the pancreatitis would be fluid therapy, opioid analgesics, antiemetics, and feeding small meals of 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. As there is evidence of GI tract hemorrhage adding omeprazole and sulcralfate would also be indicated.

DATE

8.17.23



PATIENT

Simba Joseph

SPECIES

Canine

BREED

Shiba Inu

SEX

Neutered Male

AGE

8 years

WEIGHT

25 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sonya Myers DVM

HOSPITAL NAME

Lake Emma AH

REFERRING VET

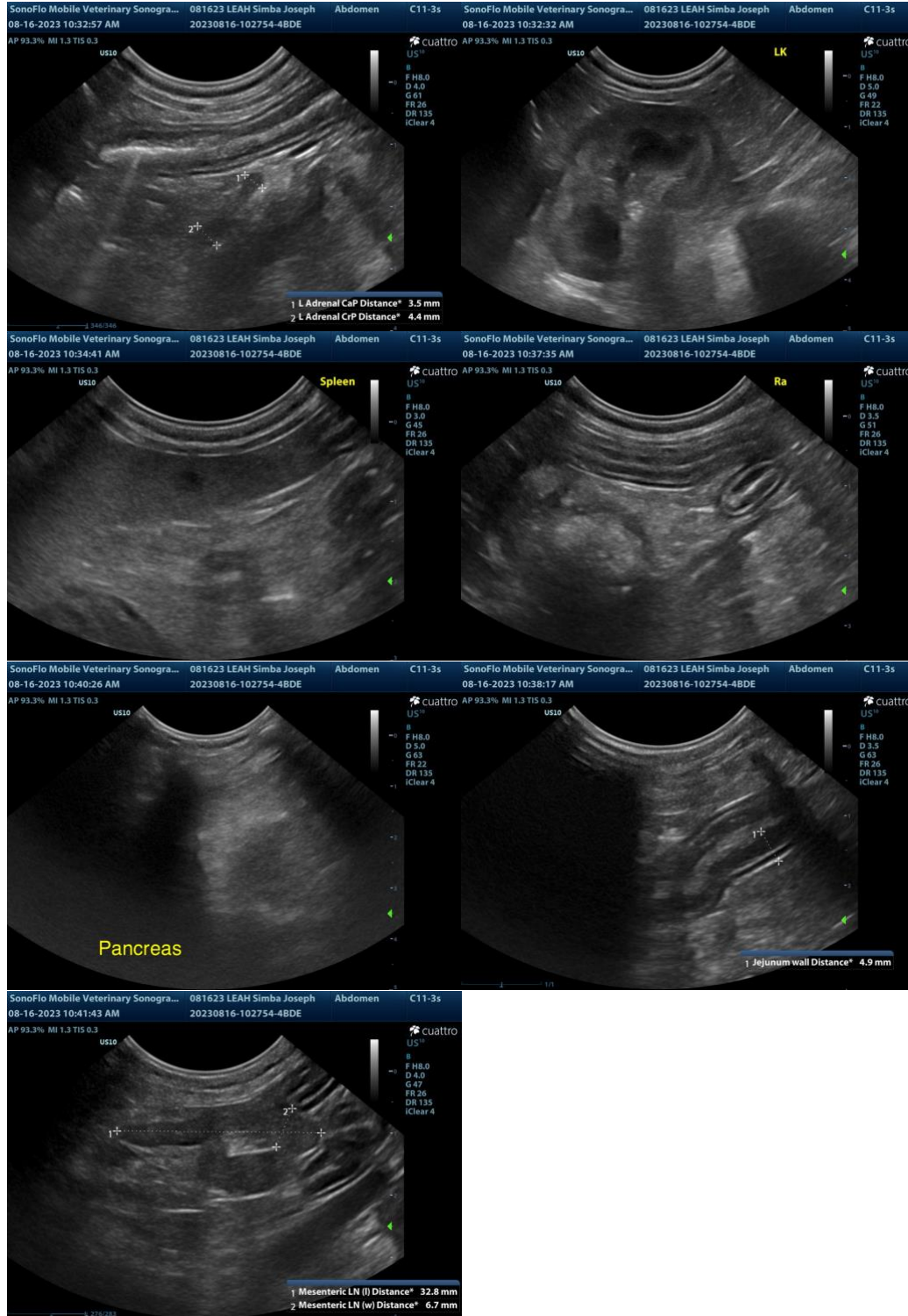
Hecker

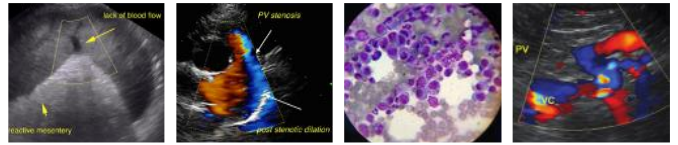
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14151

DATE

8.17.23





PATIENT

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.

Simba Joseph

SPECIES

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.

Canine

BREED

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
info@sonopath.com

Shiba Inu

SEX

Neutered Male

AGE

8 years

WEIGHT

25 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sonya Myers DVM

HOSPITAL NAME

Lake Emma AH

REFERRING VET

Hecker

INVOICE

14151

DATE

8.17.23