

PATIENT

Madison Pelka

SPECIES

Canine

BREED

Yorkshire terrier

SEX

FS

AGE

10 years

WEIGHT

#

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Village Royale Animal
Clinic

REFERRING VET

INVOICE

302695

DATE

1/11/22

PRESENTING CLINICAL SIGNS

History: Asymptomatic.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: Elevated liver enzyme activity.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Normal trigone area, proximal urethra (0.33 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (both 4.1 cm), echogenic appearance, cortico-medullary differentiation, capsule, and pelvis.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 0.59 cm, right 0.49 cm.

Spleen

Normal size (1 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Enlarged with rounded edges, coarse mottled echogenic appearance, and some loss of portal markings. Ill-defined hypoechoic parenchymal nodules (up to 1.2 x 0.7 cm in size). FNA taken of the liver with no obvious post aspirate hemorrhage. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.24 cm).



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.29 cm, duodenum 0.38 cm, jejunum 0.38 cm) and peristalsis, and no distension of the lumen.

Pancreas

Normal size (1.1 cm) with a diffuse hyperechogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
 No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Hepatopathy.
- Hepatic nodules.

Secondary findings:

- Pancreatic fibrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

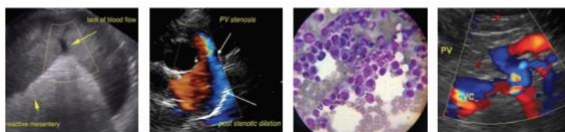
Etiologies for the hepatopathy would be vacuolar, reactive, metabolic, nodular degeneration, early cirrhosis, chronic hepatitis, and infiltrative neoplasia.

Etiologies for the hepatic nodules would be nodular hyperplasia, hepatomas, resolved granulomas, abscesses, or hematomas, and neoplasia.

Although the appearance of the pancreas is consistent with fibrosis, chronic pancreatitis should be considered.

Further assessment needs to be based on the results of the FNA cytology but could include 3-view thoracic radiographs, cPL/PSL assay, and Tru-cut/wedge biopsy of the liver.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be ursodiol.



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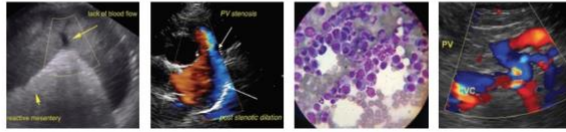
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IMAGES

Liver





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Pancreas



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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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