



PATIENT

Bailey Karch

SPECIES

Canine

BREED

Yorkshire terrier

SEX

FS

AGE

12 years

WEIGHT

10 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Coral Breeze Animal
Hospital

REFERRING VET

INVOICE

302697

DATE

1/14/22

PRESENTING CLINICAL SIGNS

History: Chronic GI disease.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

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 (0.45 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.5 cm, right 3.4 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and pelvis. Focal cortical cysts (up to 0.5) in the right kidney.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 0.53 cm, right 0.5 cm.

Spleen

Normal size (1.5 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. Three focal irregular hypoechogenic parenchymal nodules (largest 0.4 cm) in the body of the spleen.

Liver

Normal size with coarse and fine nodular echogenic appearance, and some loss of portal markings. No masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct.



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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 0.3 cm, duodenum 0.34 cm, jejunum 0.23 cm) and peristalsis, and no distension of the lumen.

Pancreas

Normal size (right 0.8 cm) with a diffuse hyperechogenic appearance and regular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Nodular hepatopathy.
- Splenic nodules.
- Chronic pancreatitis.

Secondary findings:

- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the splenic nodules would be reactive, hyperplasia, granulomas, abscessation, hematomas, and neoplasia.

Further assessment would be urinalysis, serum biochemistry, cPL/PSL assay, and FNA cytology of the liver and splenic nodules.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy of the pancreas would be low-fat intestinal diet and analgesics as needed; and for the hepatopathy, ursodiol.



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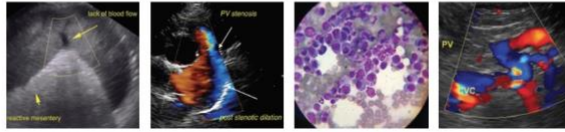
IMAGES

Liver



Spleen





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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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