



**PATIENT PRESENTING CLINICAL SIGNS**

**Bentley Rendon** History: 4-day duration poor appetite and hind limb immobility, vomiting. Lethargy and mentally dull. Severe hyperglycemia on testing.

**SPECIES** Physical Examination: N/A.

Canine Urinalysis: N/A.

**BREED** CBC: N/A.

Yorkshire terrier Serum Biochemistry: N/A.

Radiographic Findings: N/A.

**SEX**

Male

**AGE**

7 years

**WEIGHT**

10.7 #

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (right 5.7 cm), echogenic appearance, cortico-medullary differentiation, capsule, and pelvis.

**Reproductive System**

Normal size and echogenic appearance of the prostate and peri-prostatic tissue.

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position. Left 1.83 x 0.56 cm, right 1.74 x 0.45 cm.

**Spleen**

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**Liver**

Enlarged with rounded edges, diffuse mottled echogenic appearance, and some loss of portal markings. Small hypoechoic nodule (0.87 cm) in the left caudal lobe. Small gall bladder containing small amount of hyperechoic sediment. Normal appearance and thickness of the gall bladder wall. Normal bile duct.

**Gastrointestinal**

Normal appearance of the stomach, duodenum, small intestine, and colon with normal wall thickness, no loss of layering, or distension of the lumen.

**IMAGING PERFORMED BY**

Dr Paul Kim

**HOSPITAL NAME**

Ridgefield Park Animal  
Hospital

**REFERRING VET**

Dr Paul Kim

**INVOICE**

302606

**DATE**

10/19/21



**PATIENT** *Pancreas*

Bentley Rendon Enlarged (right 1.1 cm, left 1 cm) with a hypoechogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES**

Canine

**BREED**

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**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Pancreatitis.
- Hepatopathy.
- Hepatic nodule

Secondary findings:

- Gall bladder sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the pancreas is consistent with pancreatitis.

Etiologies for the hepatopathy would be reactive, vacuolar, metabolic, acute/chronic hepatitis, early nodular regeneration, and infiltrative neoplasia.

Etiologies for the hepatic nodule would be nodular hyperplasia, granuloma, hematoma, abscess, and neoplasia

Further assessment would be serum biochemistry, cPL/PSL assay, and possibly FNA cytology of the liver and hepatic nodule.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be fluid therapy as needed, analgesics, anti-emetics, low-fat intestinal diet. If there is not a satisfactory improvement in the hyperglycemia, then managing the patient as a diabetic would be necessary.



**PATIENT IMAGES**

Bentley Rendon **Liver**

**SPECIES**

Canine

**BREED**

Yorkshire terrier

**SEX**

Male

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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.

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