



**PATIENT**

Annie Pierce

**SPECIES**

Canine

**BREED**

Yorkshire terrier

**SEX**

FS

**AGE**

5 years

**WEIGHT**

6 #

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Planet Pet Animal  
Hospital

**REFERRING VET**

Dr Witte

**INVOICE**

302669

**DATE**

12/10/21

**PRESENTING CLINICAL SIGNS**

History: Anorexia, vomiting, diarrhea, bi-cavitary effusion.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: Hypoalbuminemia, elevated bile acids.

Radiographic Findings: N/A.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full 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 (0.7 cm). Ureters not visualized.

Normal renal size (left 3.1 cm, right 3.4 cm), echogenic appearance, cortico-medullary differentiation, capsule, and pelvis.

**Reproductive System**

N/A.

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position. Left 0.47/0.42 cm, right 0.48/0.42 cm.

**Spleen**

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

**Liver**

Small with normal echogenic appearance, and loss of portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Normal bile duct (0.14 cm)



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**Gastrointestinal**

Normal appearance of the gastro-esophageal junction, stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.42 cm, duodenum 0.39 cm, colon 0.13 cm) and peristalsis, and no distension of the lumen. Thickening of the small intestine (up to 0.52 cm) with diffuse mucosal stippling but no loss of layering or distension of the lumen.

**Pancreas**

Normal size (right 0.7 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

Normal mesenteric lymph nodes (0.9 cm).  
Small amount ascites  
Hyperechoic appearance of the mesentery surrounding the small intestine.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Enteropathy.
- Ascites.
- Mesenteric inflammation.

Secondary findings:

- Micohepatica?

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

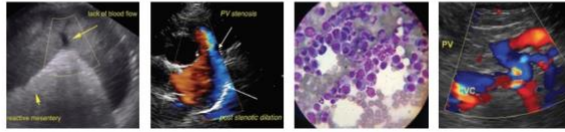
The most likely etiology for the enteropathy would be primary lymphangectasia or secondary to inflammatory bowel disease, dietary hypersensitivity, parasitic enteritis; with emerging lymphoma, a less likely differential diagnosis.

The ascites and mesenteric inflammation can be ascribed to the enteropathy.

The appearance of the liver is most likely from primary portal vein hypoplasia.

Further assessment would be fecal analysis, cobalamin assay, and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be low-fat intestinal diet, course of metronidazole and/or fenbendazole, cobalamin supplementation, and possibly prednisolone.



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**IMAGES**

**Liver**



**Jejunum**



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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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