



PATIENT PRESENTING CLINICAL SIGNS

Lexi Echert History: Vomiting, diarrhea, hematochezia. Diabetic with a history of pancreatitis.

SPECIES Physical Examination: Abdominal discomfort, dehydration, cataracts OU, dental disease, grade III/VI systolic murmur.

Canine Urinalysis: N/A.

BREED CBC: Inflammatory leukogram, thrombocytosis.

Yorkshire terrier Serum Biochemistry: Elevated urea, SDMA, phosphate, liver enzyme active. Marked elevation glucose, amylase, lipase. Abnormal cPL

SEX Radiographic Findings: N/A.

FS

AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

15 years **Urinary System**

WEIGHT Full urinary bladder with a normal thickness and appearance of the wall. Large amount of floating hyperechogenic sediment. No uroliths evident.

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

INTERPRETED BY Normal iliac lymph nodes. Ureters not visualized.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM Normal renal size (left 4.2 cm, right 3.8 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, and normal capsule, blood flow, and pelvis.

Adrenal Glands

IMAGING PERFORMED BY Normal shape, size, echogenic appearance, and position. Left 2.5 x 0.49/0.57 cm, right 0.58 cm

Dr Alastair Westcott, DVM **Spleen**

HOSPITAL NAME Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted. Incidental myelolipomas.

REFERRING VET **Liver**

Dr Alastair Westcott, DVM Enlarged with rounded edges with a diffuse coarse hyperechogenic appearance, and some loss of portal markings. No nodules or masses evident. Focal small parenchymal cyst. Full gall bladder containing small amount of hyperechoic sediment. Normal appearance and thickness of the gall bladder wall. Normal bile duct (0.22 cm).

INVOICE **Gastrointestinal**
302565

DATE Normal appearance of the pylorus, stomach, duodenum, small intestine, ileo-cecal junction, and colon with normal thickness (stomach 0.34 m, duodenum 0.34 cm, jejunum 0.39 cm, colon 0.29 cm), layering and peristaltic activity.

9/21/21



PATIENT *Pancreas*

Lexi Echert Enlarged and irregular (left 0.92 cm, body 1.7 cm, right 1.7 cm) with a mottled hyperechogenic appearance. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine No mesenteric lymphadenomegaly.
No ascites.

BREED

Yorkshire terrier

ULTRASONOGRAPHIC FINDINGS

SEX

FS

Primary Findings:

- Pancreatitis.
- Hepatopathy.

AGE

15 years

Secondary Findings:

- Age-related renal changes.
- Urinary bladder sediment.
- Gall bladder sediment.
- Hepatic cyst.

WEIGHT

6.2 kg

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is typical for pancreatitis.

IMAGING PERFORMED BY

Dr Alastair Westcott,
DVM

The most likely etiologies for the hepatopathy would be metabolic secondary to the diabetes and reactive secondary to the pancreatitis; with hepatitis and infiltrative neoplasia less, likely differential diagnoses.

Further assessment would be urinalysis, urine culture, and FNA cytology of the liver.

HOSPITAL NAME

Management of the pancreatitis would be fluid therapy as needed, analgesics (opioids, NSAIDs), anti-emetics (maropitant, metoclopramide), gastric protectants (omeprazole, sucralfate), low-fat intestinal diet, and with the hyperglycemia and diabetes, insulin.

REFERRING VET

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DVM

INVOICE

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DATE

9/21/21



PATIENT IMAGES

Lexi Echert **Urinary bladder**

SPECIES

Canine

BREED

Yorkshire terrier

SEX

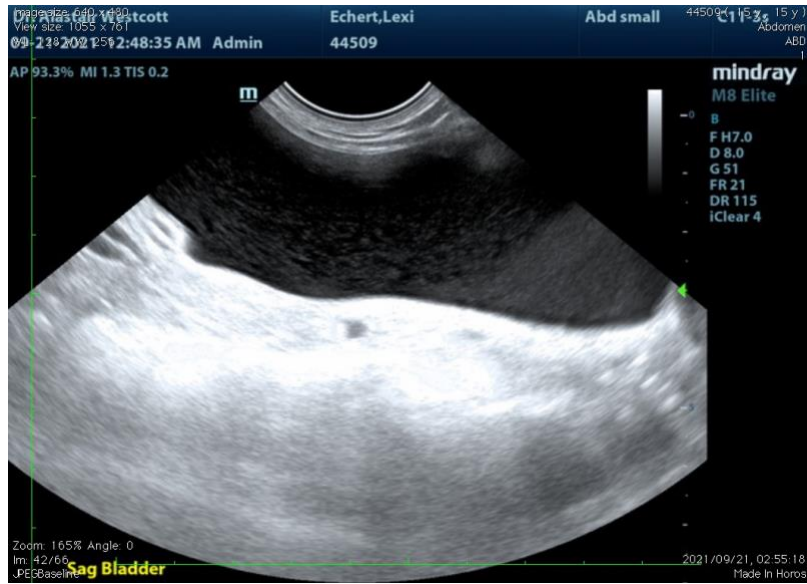
FS

AGE

15 years

WEIGHT

6.2 kg



INTERPRETED BY Pancreas

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

IMAGING PERFORMED BY

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DVM

HOSPITAL NAME

REFERRING VET

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PATIENT Liver

Lexi Echert

SPECIES

Canine

BREED

Yorkshire terrier

SEX

FS

AGE

15 years

WEIGHT

6.2 kg

INTERPRETED BY

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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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