

PATIENT

Boo Jones

SPECIES

Canine

BREED

Yorkshire terrier

SEX

FS

AGE

12 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

303548

DATE

11/11/22

PRESENTING CLINICAL SIGNS

History: Anorexia, abdominal mass?

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 thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra (0.2 cm), and iliac blood vessels.

Prominent iliac lymph nodes (0.8 cm) with rounded shaped and hypoechogenic appearance. Ureters not visualized.

Normal renal size (left 4.4 cm, right 4.9 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.57 cm, right 0.55 cm.

Spleen

Normal size (1.2 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Enlarged with rounded edges, increased echogenic appearance, loss of portal markings, and regular curvilinear capsule. Focal hyperechogenic nodule (1.2 x 1.6 cm) in the left lobe. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 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 (duodenum 0.39 cm, jejunum 0.29 cm, colon 0.15 cm) and peristaltic activity, and no distension of the lumen.

Pancreas

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

Free Abdomen

Prominent mesenteric lymph nodes (1 cm) with rounded shaped and hypoechogenic appearance.

No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Pancreatitis.
- Hepatopathy
- Hepatic nodule
- Lymphadenomegaly.

Secondary findings:

- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS IMAGES

The appearance of the pancreas is consistent with chronic pancreatitis.

Etiologies for the hepatopathy would be secondary to the pancreatitis, vacuolar, reactive, nodular regeneration, chronic hepatitis, granulomatous disease, and neoplasia.

Etiologies for the hepatic nodule would be nodular regeneration, granuloma, organized hematoma, and organized abscess, with neoplasia a less likely differential diagnoses.

The most likely etiology for the lymph nodes would be reactive with lymphadenitis and neoplasia differential diagnoses.

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

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be low-fat intestinal diet, analgesics and antiemetics as needed, and ursodiol.



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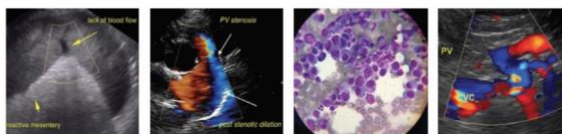
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IMAGES

Liver





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Pancreas



Mesenteric lymph node

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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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