


PATIENT PRESENTING CLINICAL SIGNS

PATIENT George Histed History: Acute onset vomiting few blood flecks. Treated symptomatically with some improvement then relapsed – vomiting and hemorrhagic diarrhea.

SPECIES Canine Physical Examination: Thin, open fontanelle, retained deciduous teeth.

Urinalysis: N/A.

BREED CBC: Normal.

Yorkshire terrier Serum Biochemistry: Normal.

Radiographic Findings: Normal.

SEX

MN

Age

18 months

WEIGHT

1.1 kg

INTERPRETED BY

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

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 (0.2 cm). Ureters not visualized.

Normal renal size (both 3.2 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

Small hypoechogenic prostate.

Adrenal Glands

Normal position and echogenic appearance but appear flattened in shape and small in size. Left 0.21/0.18 cm, right 0.29/0.39 cm.

Spleen

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

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen. Ingesta within the stomach.

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

Alpine 24 Hour Pet
Hospital

REFERRING VET

Dr Nielsen

INVOICE

303600

DATE

11/24/22

**PATIENT** *Pancreas*

George Histed Normal size and echogenic appearance, Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine No mesenteric lymphadenomegaly.

BREED No ascites.
Normal size and ratio of the aorta, caudal vena cava, and portal vein.

Yorkshire terrier No obvious porto-systemic shunt evident.

SEX **ULTRASONOGRAPHIC FINDINGS**

MN Primary Findings:

Age

- Small adrenal glands.

18 months Secondary Findings:

WEIGHT

- None.

1.1 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INTERPRETED BY**

Although the appearance of the adrenal glands may merely be an incidental finding, Addison's disease needs to be considered.

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

On this ultrasound there is no obvious etiology for the presenting clinical signs. Etiologies to consider would be non-specific gastroenteritis (viral, bacteria, protozoal, helminths, toxins, dietary indiscretion), ulcerative disease, inflammatory bowel disease, and dietary hypersensitivity.

IMAGING PERFORMED BY

Further assessment that could be considered would be fecal analysis and basal cortisol assay.

Dr Sarah Barthelemy

Symptomatic therapy would be low-fat intestinal diet, course of fenbendazole, anti-emetics, and enteric binders/absorbents.

HOSPITAL NAME

Alpine 24 Hour Pet
Hospital

REFERRING VET

Dr Nielsen

INVOICE

303600

DATE

11/24/22



PATIENT

George Histed

SPECIES

Canine

BREED

Yorkshire terrier

SEX

MN

Age

18 months

WEIGHT

1.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

Alpine 24 Hour Pet
 Hospital

REFERRING VET

Dr Nielsen

INVOICE

303600

DATE

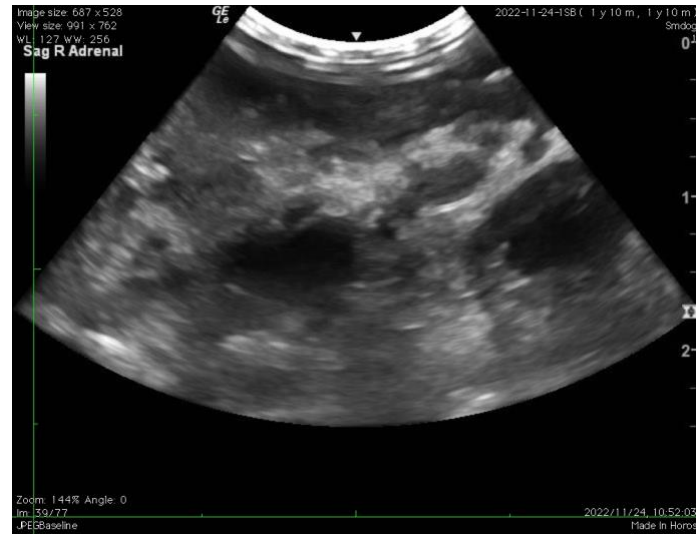
11/24/22

IMAGES

Left adrenal



Right adrenal



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)
rlobetti@mweb.co.za