


**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Asti Nelson History: Elevated liver enzyme activity.

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

Canine Urinalysis: N/A.

CBC: N/A.

**BREED**  
Serum Biochemistry: Elevated liver enzyme activity.

Yorkshire terrier Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**FS**  
*Urinary System*

**Age**  
7 years Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

**WEIGHT**  
Normal trigone area, proximal urethra (0.3 cm), and iliac blood vessels.

Normal iliac lymph nodes (1.3 cm). Ureters not visualized.

Normal renal size (left 4.4 cm, right 4.6 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**INTERPRETED BY**  
*Reproductive System*

N/A.

**Adrenal Glands**

Normal position, echogenic appearance, shape, and size. Left 0.51/0.45 cm, right 0.54/0.44 cm.

**Spleen**

Normal size (1.1 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, some loss of portal marking, 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 (0.2 cm).

**Gastrointestinal**

Normal appearance of the ileo-cecal junction and colon with no loss of layering, normal wall thickness (colon 0.13 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the stomach (0.52 cm) and small intestine (duodenum 0.5 cm, jejunum 0.51 cm) with no loss of layering or distension of the lumen. Mucosal stippling of the duodenum.

**INVOICE**

303706

**DATE**

12/28/22

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

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Palm Coast Pet Clinic

**REFERRING VET**

Dr Sheffield



**PATIENT** *Pancreas*

Asti Nelson Normal size (right 1.1 cm) with a mottled echogenic appearance and irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Canine Normal mesenteric lymph nodes (0.3 x 1.6 cm).  
Small amount of ascites.

**BREED** Hyperechogenic appearance of the cranial mesentery.

Yorkshire terrier

**ULTRASONOGRAPHIC FINDINGS**

**SEX** Primary Findings:

- FS Gastro-enteropathy.
- Hepatopathy.

**Age**

7 years Secondary Findings:

- Pancreatic fibrosis.
- Ascites.
- Mesenteric inflammation.

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the gastro-enteropathy would be non-specific (viral, bacterial, protozoa, helminths, toxins, dietary indiscretion), inflammatory bowel disease, dietary hypersensitivity, and lymphangectasia.

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Etiologies for the hepatopathy would be reactive, hyperplasia, vacuolar, metabolic, chronic hepatitis, and infiltrative neoplasia.

**HOSPITAL NAME**

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The ascites and mesenteric inflammation can be attributed to the gastro-enteropathy.

**REFERRING VET**

Dr Sheffield

Further assessment would be fecal analysis, fPL/PSL assay, cobalamin assay, FNA cytology of the liver, and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis and correlated with presenting clinical signs and the further assessment.

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**PATIENT IMAGES**

Asti Nelson **Liver**

**SPECIES**

Canine

**BREED**

Yorkshire terrier

**SEX**

FS

**Age**

7 years

**WEIGHT**



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**Small intestine**

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**PATIENT** Pancreas

Asti Nelson

**SPECIES**

Canine

**BREED**

Yorkshire terrier

**SEX**

FS

**Age**

7 years

**WEIGHT**



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 MMedVet (Med), PhD, Dipl.  
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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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