**PATIENT**

Sam Majetic

SPECIES

Canine

BREED

Yorkshire terrier

SEX

MN

AGE

12 years

WEIGHT

11 #

INTERPRETED BYRemo Lobetti, BVSc,
MMedVet (Med), PhD, Dipl.
ECVIM**IMAGING PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr Chris Rall

INVOICE

303937

DATE

2/25/23

PRESENTING CLINICAL SIGNS

History: Acute onset vomiting, diarrhea, painful abdomen.

Physical Examination: Thin, dehydration, soft non-painful abdomen.

Urinalysis: N/A.

CBC: Neutrophilia, monocytosis.

Serum Biochemistry: Elevated liver enzyme activity, low total protein albumin, potassium, and chloride. Mildly elevated cPL.

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. Ureters not evident.

Normal renal size (left 4.2 cm, right 3.8 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

Reproductive System

N/A.

Adrenal Glands

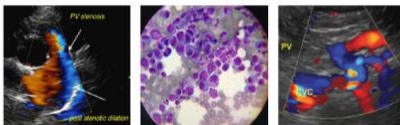
Normal position, echogenic appearance, shape, and size. Left 2.34 x 0.64/0.55 cm, right 1.49 x 0.4 cm. Hypoechoic nodule (1.1 cm) in the cranial pole of the right gland

Spleen

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

Liver

Enlarged with rounded edges, hyperechogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing small amount of adhered hyperechogenic sediment. Thickened, hyperechogenic and irregular appearance of the gall bladder wall. Hyperechogenic appearance of the mesentery around the gall bladder. Normal bile duct.

**PATIENT*****Gastrointestinal***

Sam Majetic

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.

SPECIES***Pancreas***

Canine

Enlarged with a hyperechogenic appearance and irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

BREED***Free Abdomen***

Yorkshire terrier

No mesenteric lymphadenomegaly.

SEX

No ascites evident.

MN**ULTRASONOGRAPHIC FINDINGS****AGE**

Primary Findings:

12 years

- Hepatopathy.
- Cholecystitis.
- Pancreatitis
- Right adrenal nodule.

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Secondary Findings:

- Age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**IMAGING PERFORMED BY**

Etiologies for the hepatopathy would be reactive, hyperplasia, vacuolar, hepatitis (viral, bacterial, toxins), and infiltrative neoplasia.

Sarah Pender, CVT

The appearance gall bladder is consistent with cholecystitis.

HOSPITAL NAME

The appearance of the pancreas is typical for chronic pancreatitis.

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Etiologies for the right adrenal nodule would be non-function adenoma or carcinoma and emerging pheochromocytoma.

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Further assessment would be fecal analysis, *Leptospira* PCR/serology and FNA cytology of the liver and right adrenal nodule.

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be fluid therapy, correction of the electrolyte anomalies, analgesics, antibiotic (cephalosporin, quinolone), anti-emetics. Monitoring of the gall bladder would be indicated as cholecystectomy may be required.

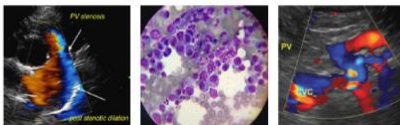
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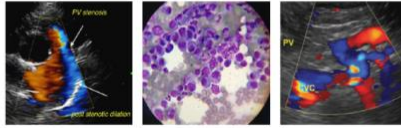
IMAGES

Pancreas



Liver





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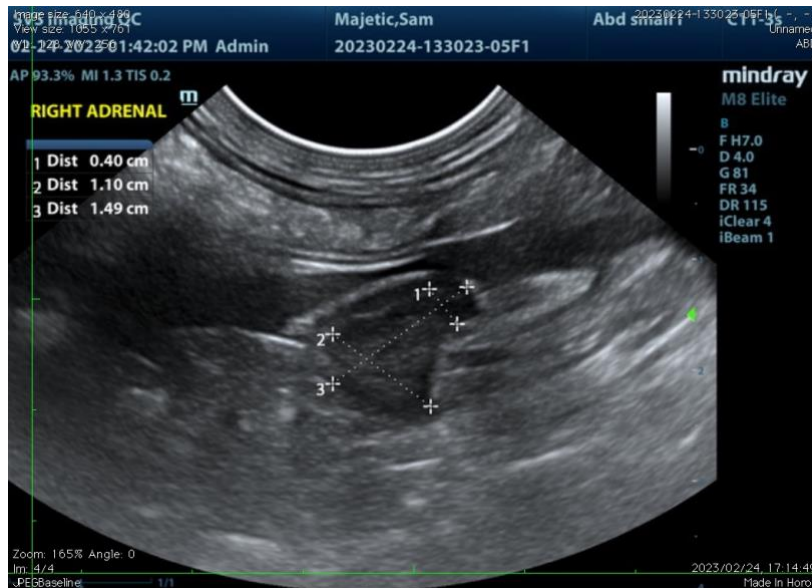
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Gall bladder



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)
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