



**PATIENT PRESENTING CLINICAL SIGNS**

Yogurt Yang History: DKA, anorexia.  
 Physical Examination: Heart murmur.  
**SPECIES** Urinalysis: N/A.  
 Canine CBC: Anemia, neutrophilia.  
**BREED** Serum Biochemistry: Elevated liver enzyme activity, hyperglycemia, azotemia.  
 Pomeranian Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Female **Urinary System**

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

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

11 # Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.3 cm, right 4.9 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Bilateral small cortical cysts.

**INTERPRETED BY** **Reproductive System**

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

Normal size and appearance of the ovaries (left 1.1 cm, right 1.3 cm). Normal appearance of the uterus containing small amount of fluid (body 0.6 cm, left horn 1 cm, right horn 0.6 cm).

**IMAGING PERFORMED BY** **Adrenal Glands**

Sonya Myers, DVM

Left gland – normal position and echogenic appearance with rounded and enlarged caudal pole (1.2 cm).

**HOSPITAL NAME** Right gland – normal position, echogenic appearance, shape, and size (0.63/0.57 cm).

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**Spleen**

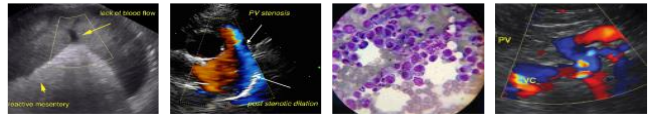
**REFERRING VET** Normal size (1.5 cm) with a normal echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes evident.  
 Dr Williams

**INVOICE** **Liver**

304010 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 hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).

**DATE**

3/14/23


**PATIENT** *Gastrointestinal*

Yogurt Yang

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.41 cm, duodenum 0.41 cm, jejunum 0.36 cm, colon 0.1 cm) and peristaltic activity, and no distension of the lumen.

**SPECIES**

Canine

**Pancreas**

Enlarged (right 1 cm, left 2.8 cm, 4.7 cm) with a hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**BREED**

Pomeranian

**Free Abdomen**
**SEX**

Normal mesenteric lymph nodes (1.2 cm).  
 No ascites evident.

Female

**Age**

11 years

Primary Findings:

- Pancreatitis.
- Hepatopathy.
- Left adrenomegaly.

**WEIGHT**

11 #

Secondary Findings:

- Age-related renal changes.
- Fluid within the uterus.
- Gall bladder sediment.

**INTERPRETED BY**

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 MMedVet (Med), PhD, Dipl.  
 ECVIM

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
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**REFERRING VET**

Dr Williams

**INVOICE**

304010

**DATE**

3/14/23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The hepatopathy is most likely secondary to the DKA and pancreatitis with differential diagnoses being reactive, hyperplasia, vacuolar, acute hepatitis, and infiltrative neoplasia.

The left adrenomegaly is most likely from disease stress with emerging Cushing's disease a differential diagnosis.

Etiologies for the uterus would be recent estrus, hydrometra, mucometra, and pyometra.

Further assessment would be urinalysis, cPL/PSL assay, and possibly FNA cytology of the liver. Adrenal function testing (ACTH stimulation/LDDS test) should be considered if there are compatible signs of Cushing's disease and once the pancreatitis has resolved.

Management of the pancreatitis would be fluid therapy, correction of electrolyte anomalies (as needed), insulin therapy, anti-emetics, opioid analgesics, and low-fat intestinal diet.



**PATIENT**      **IMAGES**  
 Yogurt Yang      **Pancreas**

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Female

**Age**

11 years

**WEIGHT**

11 #



**INTERPRETED BY**

**Liver**

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 ECVIM

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

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**REFERRING VET**

Dr Williams

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**PATIENT**

Yogurt Yang

**Left adrenal**

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

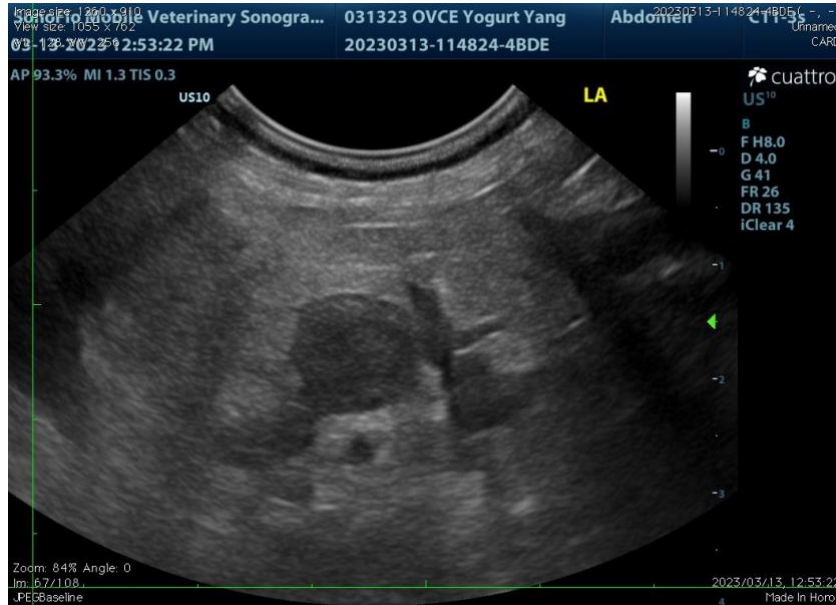
Female

**Age**

11 years

**WEIGHT**

11 #



**INTERPRETED BY**

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

**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.**

**IMAGING PERFORMED BY**

Sonya Myers, DVM

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.

**HOSPITAL NAME**

Oviedo Veterinary Care and  
 Emergency

**Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)**  
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**REFERRING VET**

Dr Williams

**INVOICE**

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**DATE**

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