



PATIENT

Annie Pierce

SPECIES

Canine

BREED

Yorkshire terrier

SEX

FS

AGE

6 years

WEIGHT

6 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Lisa Bancroft, DVM

HOSPITAL NAME

Planet Pet Animal
Hospital

REFERRING VET

Dr Witte

INVOICE

304013

DATE

3/14/23

PRESENTING CLINICAL SIGNS

History: Proteinuria with elevated UPC. Previous history of portal vein hypoplasia.

Physical Examination: N/A.

Urinalysis: Proteinuria.

CBC: N/A

Serum Biochemistry: Azotemia.

Radiographic Findings: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness (0.1 cm) 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 visualized.

Normal renal size (left 2.9 cm, right 3.3 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.38 cm, right 0.42 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. Incidental myelolipoma.

Liver

Small with a normal echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder (1.4 cm) containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.



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Gastrointestinal

Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.43 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the small intestine (up to 0.49 cm) with no loss of layering but with mild diffuse mucosal stippling.

Pancreas

Normal size (0.6 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Micohepatica.
- Lymphangectasia.

Secondary findings:

- Gall bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The micohepatica is consistent with the previous diagnosis of primary portal vein hypoplasia.

Although the appearance of the small intestine may merely be from a recent meal, primary lymphangectasia and secondary lymphangectasia (inflammatory bowel disease, parasitic enteritis, dietary hypersensitivity) needs to be considered.

Even though the kidneys appear ultrasonographically normal, acute kidney injury and bacterial nephritis would still be possible.

Etiologies for the elevated UPC would be primary glomerulonephritis and glomerulonephritis secondary to infectious disease, GI tract disease, immune-mediated conditions, and hypertension.

Further assessment would be urine culture, fecal analysis, serology/PCR for vector borne disease, blood pressure, cobalamin assay, and possibly endoscopy of the upper GI tract with biopsies and renal biopsy.

Specific therapy would be dependent on an etiological diagnosis.



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IMAGES

Small intestine



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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)
rlobetti@mweb.co.za

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