



PATIENT PRESENTING CLINICAL SIGNS

Bling Hernandez History: Pancreatitis, suspected hepatopathy.

SPECIES Physical Examination: N/A

Canine Urinalysis: N/A.

CBC: N/A

BREED Serum Biochemistry: N/A.

Yorkshire terrier Radiographic Findings: N/A.

SEX

Intact Male

AGE

11 years

WEIGHT

#

INTERPRETED BY

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

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care
and Emergency

REFERRING VET

Dr Lucignani

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DATE

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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 (0.6 cm), and iliac blood vessels.

Normal iliac lymph nodes (1.2 cm). Ureters not visualized.

Normal renal size (left 4.6 cm, right 4.8 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

Reproductive System

Normal size (2.3 cm), shape, and echogenic appearance of the prostate. Normal size and appearance of the testes (left 2.1 cm, right 2.3 cm).

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.51/0.62 cm right 0.5/0.52 cm.

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 noted.

Liver

Enlarged with rounded edges, diffuse mottled echogenic appearance, and loss of portal markings. No nodules or masses evident. Small parenchymal cyst (0.8 cm) in the left lobe. Full gall bladder containing adherent and non-adherent hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).



PATIENT

Gastrointestinal

Bling Hernandez

Normal appearance of the stomach, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (jejunum 0.44 cm) and peristaltic activity and no distension of the lumen. Segmental thickening of the duodenum (up to 0.91 cm) and colon (up to 0.51 cm) with no loss of layering or distension of the lumen. Fluid-filled stomach.

SPECIES

Canine

Pancreas

BREED

Yorkshire terrier

Enlarged (2.3 cm) with a hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

SEX

Intact Male

Normal mesenteric lymph nodes (1.5 cm). Pockets of ascites cranial abdomen in the region of the pancreas.

AGE

11 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Primary Findings:

- Pancreatitis with regional peritonitis.
- Hepatopathy.
- Mucocele
- Entero-colitis.

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Secondary Findings:

- Age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is typical for acute pancreatitis.

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The most likely etiology for the hepatopathy and entero-colitis would be secondary to the pancreatitis.

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Other etiologies for the hepatopathy would be reactive, vacuolar, chronic hepatitis, and infiltrative neoplasia. Other etiologies for the entero-colitis would be parasitic, inflammatory bowel disease, dietary hypersensitivity, and emerging neoplasia.

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

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Specific therapy needs to be based on an etiological diagnosis. Symptomatic management of the pancreatitis would be fluid therapy, low-fat intestinal diet, anti-emetics, gastric protectants, and analgesics.



PATIENT

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SPECIES

Canine

BREED

Yorkshire terrier

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IMAGES

Liver



Gall bladder





PATIENT Pancreas

Bling Hernandez

SPECIES

Canine

BREED

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Duodenum

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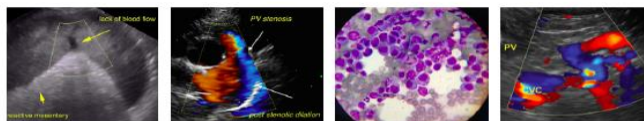
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PATIENT **Colon**

Bling Hernandez

SPECIES

Canine

BREED

Yorkshire terrier

SEX

Intact Male

AGE

11 years

WEIGHT

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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.

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