

**PATIENT PRESENTING CLINICAL SIGNS**

Leia Encarnacion

History: Polypnea, anorexia, lethargy.

**SPECIES**

Canine

Physical Examination: Hepatomegaly.

Urinalysis: N/A.

CBC: N/A.

**BREED**

Yorkshire terrier

Serum Biochemistry: Elevated triglycerides and cholesterol.

Radiographic Findings: N/A.

**SEX**

FS

**AGE**

7 years

**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.

**WEIGHT**

10 #

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

Normal iliac lymph nodes. Ureters not visualized.

**INTERPRETED BY**

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

Normal renal size (left 4.4 cm, right 4.9 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal right pelvis and capsule. Left pyelectasia (0.3 cm). Bilateral small renoliths (up to 0.4 m).

**Reproductive System**

N/A.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position. Left 0.55/0.47 cm, right 53/0.51 cm.

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**Spleen**

Normal size (0.7 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Focal cyst-like parenchymal lesion (0.6 x 0.7 cm) in the head of the spleen. Small hypoechogenic parenchymal nodules (up to 0.4 cm) in the body of the spleen. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**REFERRING VET**

Dr Ariel Smith

**Liver****INVOICE**

303133

Enlarged with rounded edges, diffuse mottled and coarse echogenic appearance, and some loss of portal markings. Regular curvilinear capsule. FNA taken with no obvious post aspirate hemorrhage. 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**

7/19/22


**PATIENT** *Gastrointestinal*

Leia Encarnacion

Normal appearance of the stomach, duodenum, small intestine, and ileo-cecal junction with no loss of layering, normal wall thickness (duodenum 0.41 cm, jejunum 0.36 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the colon (up to 0.35 cm) with no loss of layering or distension of the lumen. Focal non-vascularized hypoechoic nodule (0.5 x 1.3 cm) in the wall of the distal colon.

**SPECIES**

Canine

**BREED**
*Pancreas*

Yorkshire terrier

Enlarged (right 0.7 cm) with hypoechoic and hyperechoic regions within the left lobe and body of the pancreas with an irregular capsule and hyperechoic appearance of the surrounding mesentery and fat. Normal size and echogenic appearance of the right lobe.

**SEX**

FS

*Free Abdomen*
**AGE**

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

7 years

**WEIGHT**
**ULTRASONOGRAPHIC FINDINGS**

10 #

Primary Findings:

- Pancreatitis.
- Hepatopathy.
- Splenic cyst and nodules.
- Colitis.
- Colonic nodule.

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Secondary Findings:

- Age-related renal changes vs renal disease.
- Gall bladder sediment

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the pancreas is consistent with pancreatitis.

Etiologies for the hepatopathy would be reactive, vacuolar, metabolic, secondary to the pancreatitis, chronic pancreatitis, and infiltrative neoplasia.

Etiologies for the spleen would be reactive, hyperplasia, abscessation, granulomas, and infiltrative neoplasia.

Etiologies for the colitis would be secondary to the pancreatitis, inflammatory bowel disease, granulomatous colitis, helminths, and emerging neoplasia.

Etiologies for the colonic nodule would be reactive lymphoid follicle, polyp, adenoma, granuloma, and neoplasia.

Although the gall bladder sediment can be considered an incidental finding, monitoring for the development of a mucocele would be recommended.

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**PATIENT**

Leia Encarnacion

Further assessment needs to be based on the results of the FNA cytology of the liver but could include urine and fecal analysis, cPL/PSL assay, FNA cytology of the spleen, and possibly colonoscopy with biopsies.

**SPECIES**

Canine

Specific therapy would be dependent on an etiological diagnosis. Management of the pancreatitis would be fluid therapy as needed, correction of electrolyte anomalies (if present), analgesics, anti-emetics feeding a low-fat intestinal diet. A short course of prednisolone (½ mg/kg sid for 3-4 days) has been shown to aid recovery in acute pancreatitis.

**BREED**

Yorkshire terrier

**IMAGES**

**SEX**

FS

**Spleen**

**AGE**

7 years



**WEIGHT**

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**IMAGING PERFORMED BY**

Sonya Myers, DVM

**Liver**

**HOSPITAL NAME**

Oviedo Veterinary Care and  
 Emergency



**REFERRING VET**

Dr Ariel Smith

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**PATIENT** Pancreas

Leia Encarnacion

**SPECIES**

Canine

**BREED**

Yorkshire terrier

**SEX**

FS

**AGE**

7 years

**WEIGHT**

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**HOSPITAL NAME**

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 Emergency

**REFERRING VET**

Dr Ariel Smith



**Colon**



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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