



**PATIENT PRESENTING CLINICAL SIGNS**

Sasha Flanders History: N/A.  
Physical Examination: N/A.  
**SPECIES** Urinalysis: N/A.  
Canine CBC: N/A.  
**BREED** Serum Biochemistry: N/A.  
Yorkshire terrier Radiographic Findings: Hepatomegaly, irregular round structure caudal to the liver.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

FS **Urinary System**  
Age Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment evident. Small urolith (0.2 cm).  
12 years Normal trigone area, proximal urethra (0.5 cm), and iliac blood vessels.  
**WEIGHT** Normal iliac lymph nodes (1.2 cm). Ureters not visualized.  
Normal renal size (left 4.1 cm, right 4.6 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis, and capsule. Bilateral mineralization and small cortical cysts.

**INTERPRETED BY**

Remo Lobetti, BVSc,  
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**Reproductive System**

N/A.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Left 0.58/0.51, right 0.69/0.62 cm.

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**Spleen**

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Normal size (1.5 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**REFERRING VET**

Dr Caja

**Liver**

Enlarged with rounded edges, diffuse hyperechogenic appearance, loss of portal markings, and irregular capsule. No nodules or masses evident. Full gall bladder containing moderate amount of hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).

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**Gastrointestinal**

Segmental thickening of the stomach (0.61 cm), duodenum (0.5 cm) and jejunum (0.46 cm) with a prominent hypoechogenic appearance of the submucosal layer but with no loss of layering or distension of the lumen Normal appearance of the ileo-cecal junction and colon.



**PATIENT** *Pancreas*

Sasha Flanders Normal size (right 1.6 cm) with a hyperechogenic appearance and an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Canine Normal mesenteric lymph nodes (1 cm).  
No ascites.

**BREED**

Yorkshire terrier

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

**SEX**

FS

**Age**

12 years

- Hepatopathy.
- Pancreatitis.
- Gastroenteropathy.
- Age-related renal changes vs renal disease.

Secondary Findings:

**WEIGHT**

- Small urolith.
- Gall bladder sediment.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the hepatopathy would be reactive, vacuolar, metabolic, early cirrhosis, chronic hepatitis, and infiltrative neoplasia.

Etiologies for the pancreas would be chronic pancreatitis and fibrosis.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

Etiologies for the gastroenteropathy would be non-specific gastroenteritis (viral, bacterial, protozoa, helminths, dietary indiscretion, toxins), inflammatory bowel disease, ulcerative disease, *Helicobacter* gastritis, and dietary hypersensitivity.

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Although the gall bladder sediment is most likely an incidental finding, monitoring for the development of a mucocele would be recommended.

Further assessment would be urine and fecal analysis, serum biochemistry, cPL/PSL assay, FNA cytology of the liver, and possibly endoscopy of the upper GI tract with biopsies.

**REFERRING VET**

Dr Caja

Specific therapy would be dependent on an etiological diagnosis.

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**PATIENT**

Sasha Flanders

**SPECIES**

Canine

**BREED**

Yorkshire terrier

**SEX**

FS

**Age**

12 years

**WEIGHT**

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**IMAGES**

**Liver**



**Jejunum**





**PATIENT** Pancreas

Sasha Flanders

**SPECIES**

Canine

**BREED**

Yorkshire terrier

**SEX**

FS

**Age**

12 years

**WEIGHT**



**Urinary bladder**

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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)  
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