

PATIENT PRESENTING CLINICAL SIGNS

Luna Benjamin
History: GI tract signs.

SPECIES
Physical Examination: N/A.

Canine
Urinalysis: N/A.

BREED
CBC: N/A

Yorkshire terrier
Serum Biochemistry: Hypoalbuminemia.
Radiographic Findings: Normal.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS
Urinary System

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

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

5 #
Normal iliac lymph nodes (0.6 cm). Ureters not visualized.

Normal renal size (left 3.3 cm right 3.9 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

INTERPRETED BY
Reproductive System

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

Adrenal Glands

IMAGING PERFORMED BY
Sonya Myers, DVM
Normal shape, echogenic appearance, position, and size. Left 0.43/0.43 cm, right 0.41/0.31 cm.

Spleen

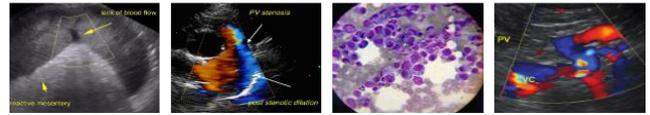
HOSPITAL NAME
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Emergency
Normal size (0.8 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

REFERRING VET
Dr Chow
Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.1 cm).

INVOICE
Gastrointestinal

303356
DATE
8/30/22
Ingesta-filled stomach as well as a 2 cm solid non-shadowing material. Diffuse mucosal stippling within the duodenum and small intestine. Chyle filled small intestine, fecal material within the colon. Normal thickness of the GI tract (duodenum 0.38 cm, jejunum 0.36 cm) with no loss of layering, normal peristaltic activity, and no distension of the lumen.



PATIENT *Pancreas*

Luna Benjamin Normal size (right 0.8 cm) with a diffuse hyperechogenic and irregular appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine Mesenteric lymphadenomegaly (0.6 x 2.6 cm) with normal shape and echogenic appearance. No ascites.

BREED

Yorkshire terrier

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

SEX

FS

Age

2 years

- Enteropathy
- Pancreatic fibrosis.
- Mesenteric lymphadenomegaly.

Secondary Findings:

- Gastric material.

WEIGHT

5 #

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

With the appearance of the small intestine and breed of dog, the most likely etiology would be primary lymphangectasia with inflammatory bowel disease, parasitic enteritis, and dietary hypersensitivity, differential diagnoses.

The appearance of the pancreas is consistent with pancreatic fibrosis with chronic pancreatitis a differential diagnosis.

IMAGING PERFORMED BY

Sonya Myers, DVM

The most likely etiology for the lymph nodes would be reactive with lymphadenitis, a differential diagnosis.

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Oviedo Veterinary Care and
Emergency

Although the material within the stomach is most likely ingesta, a foreign body needs to be considered.

REFERRING VET

Dr Chow

Further assessment would be fecal analyses, cPL/PSL assay, cobalamin assay, and endoscopy of the upper GI tract with biopsies.

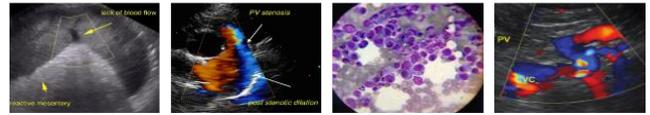
Management of the lymphangectasia would be low-fat intestinal diet and prednisolone.

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PATIENT

Luna Benjamin

SPECIES

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REFERRING VET

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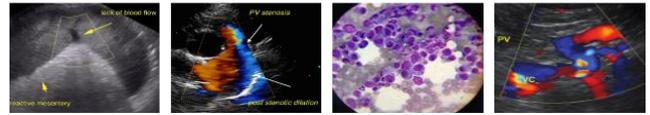
IMAGES

Stomach



Small intestine





PATIENT Pancreas

Luna Benjamin

SPECIES

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 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.

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.

IMAGING PERFORMED BY

Sonya Myers, DVM

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HOSPITAL NAME

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REFERRING VET

Dr Chow

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