


PATIENT PRESENTING CLINICAL SIGNS

PATIENT
 Buttercup Vega
SPECIES
 Canine
BREED
 Yorkshire terrier
SEX
 FS
Age
 14 years
WEIGHT
 6 #

PRESENTING CLINICAL SIGNS
 History: Pancreatitis.
 Physical Examination: N/A.
 Urinalysis: N/A.
 CBC: N/A.
 Serum Biochemistry: Severely elevated ALT activity.
 Radiographic Findings: N/A.

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

6 # Normal iliac lymph nodes (0.9 cm). Ureters not visualized.

Normal renal size (left 2.9 cm, right 3.5 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Bilateral pinpoint mineralization.

INTERPRETED BY

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Reproductive System

N/A.

IMAGING PERFORMED BY

Sonya Myers, DVM

Adrenal Glands

Normal shape, echogenic appearance, and position. Normal size of the right gland (0.65/0.54 cm), enlarged left gland (0.51/0.72 cm).

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 Emergency

Spleen

Normal size (0.8 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 Clark

Liver
INVOICE

303404

Possibly small in size with normal echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

DATE

9/16/22


PATIENT
Gastrointestinal

Buttercup Vega

Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (colon 0.11 cm) and peristaltic activity, and no distension of the lumen. Ingesta-filled stomach. Segmental thickening of the small intestine (duodenum 0.47 cm, jejunum 0.45 cm) with subtle mucosal stippling but with no loss of layering or distension of the lumen.

SPECIES

Canine

Pancreas
BREED

Yorkshire terrier

Normal size (right 1 cm) with a hyperechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen
SEX

No mesenteric lymphadenomegaly.
No ascites.

FS

Age

14 years

ULTRASONOGRAPHIC FINDINGS
WEIGHT

Primary Findings:

6 #

- Enteropathy.
- Pancreatitis.
- Enteropathy.

INTERPRETED BY

Secondary Findings:

- Age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonya Myers, DVM

Etiologies for the enteropathy would be primary lymphangectasia, inflammatory bowel disease, parasitic enteritis, dietary hypersensitivity, and emerging lymphoma.

HOSPITAL NAME

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

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Emergency

The most likely etiology for the left adrenal gland would be disease stress with emerging Cushing's disease a differential diagnosis.

REFERRING VET

Dr Clark

Although the liver appears ultrasonographically normal, with the severely elevated ALT activity, acute hepatitis (viral, bacterial, toxins, trauma, Leptospirosis) needs to be considered.

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Further assessment would be fecal analysis, cPL/PSL assay, cobalamin assay, *Leptospira* serology/PCR, FNA cytology of the liver, and possibly endoscopy of the upper GI tract with biopsies and adrenal function testing.

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Specific therapy would be dependent on an etiological diagnosis.

9/16/22



PATIENT

Buttercup Vega

SPECIES

Canine

BREED

Yorkshire terrier

SEX

FS

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IMAGES

Left adrenal



Pancreas



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HOSPITAL NAME

Oviedo Veterinary Care and
 Emergency

REFERRING VET

Dr Clark

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PATIENT

Small intestine

Buttercup Vega

SPECIES

Canine

BREED

Yorkshire terrier

SEX

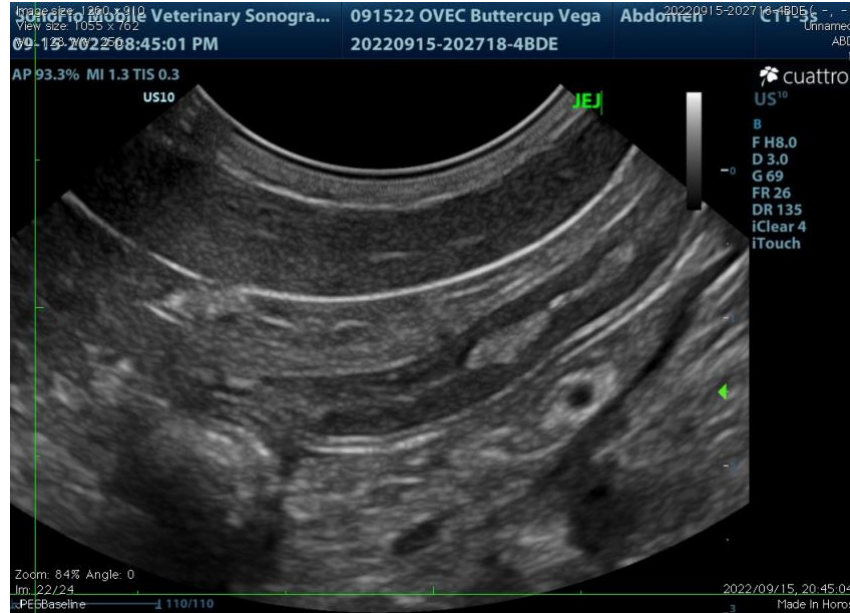
FS

Age

14 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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HOSPITAL NAME

Oviedo Veterinary Care and
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