



**PATIENT PRESENTING CLINICAL SIGNS**

Patrick Cramer  
History: Picky eater.  
Physical Examination: N/A.  
**SPECIES**  
Canine  
Urinalysis: N/A.  
CBC: N/A.

**BREED**  
Maltese  
Serum Biochemistry: Elevated ALT enzyme activity and mildly elevated GGT activity.  
Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

MN  
**Age**  
3½ years  
**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 (0.4 cm), and iliac blood vessels.  
Normal iliac lymph nodes (1.1 cm). Ureters not visualized.

**INTERPRETED BY**

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ECVIM

Normal renal size (left 3.5 cm right 3.9 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**Reproductive System**

Small hypoechoic prostate (0.7 cm).

**Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Left 0.51/0.423 cm, right 0.45/0.48 cm.

**Spleen**

Normal size (1 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**Liver**

Normal size with diffuse hypoechoic appearance, normal 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 (0.2 cm).

**Gastrointestinal**

Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.37 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the duodenum (0.59 cm) and small intestine (0.44 cm) with a prominent hypoechoic appearance of the submucosal layer, no loss of layering or distension of the lumen. Small amount gas within the stomach. Fecal material within the colon.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Oviedo Veterinary Care and  
Emergency

**REFERRING VET**

Dr Caja

**INVOICE**

303390

**DATE**

9/9/22



**PATIENT** *Pancreas*

Patrick Cramer

Normal size (right 1.1 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Canine

Mesenteric lymphadenomegaly (0.6 x 1.9) with normal shape and echogenic appearance. No ascites.

**BREED**

Maltese

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

**SEX**

- Enteropathy.
- Hepatopathy.
- Mesenteric lymphadenomegaly.

**MN**

**Age**

3½ years

Secondary Findings:

- None.

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Etiologies of the enteropathy would be inflammatory bowel disease, parasitic enteritis, and dietary hypersensitivity differential diagnoses.

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Etiologies for the hepatopathy would be reactive, vacuolar, acute hepatitis (viral, bacterial *Leptospira*, toxins), and infiltrative neoplasia.

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Sonya Myers, DVM

Etiologies for the lymph nodes would be reactive and lymphadenitis with infiltrative neoplasia an unlikely differential diagnosis.

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Further assessment would be fecal analysis, cobalamin assay, *Leptospira* serology/PCR, 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. Symptomatic therapy would be novel protein/hypoallergenic diet, course of fenbendazole, cobalamin supplementation, ursodiol, and possibly prednisolone.

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**PATIENT**

Patrick Cramer

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

MN

**Age**

3½ years

**WEIGHT**

**IMAGES**

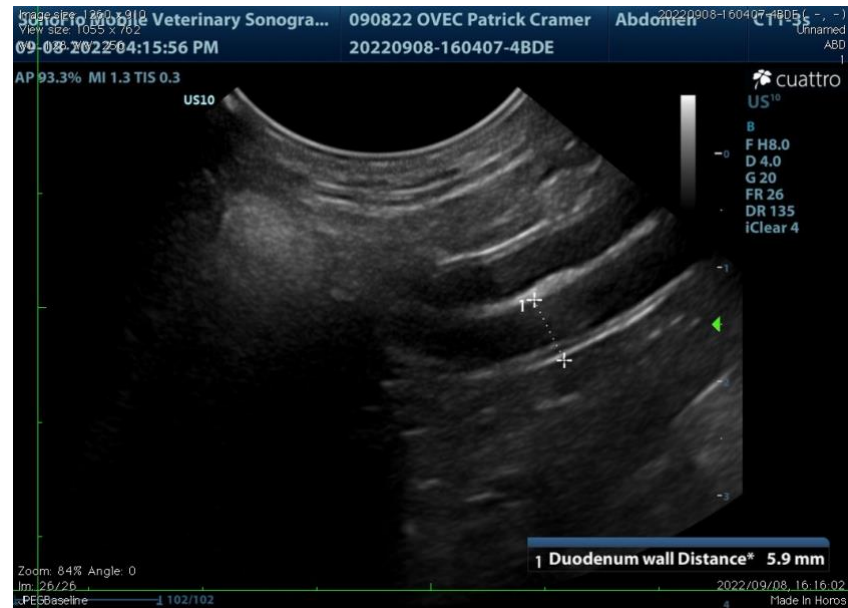
**Liver**



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**Duodenum**



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**PATIENT** Mesenteric lymph node

Patrick Cramer

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

MN

**Age**

3½ years

**WEIGHT**



**INTERPRETED BY**

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 MMedVet (Med), PhD, Dipl.  
 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

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