



PATIENT	PRESENTING CLINICAL SIGNS
Rosie Partlow	History: Small liver, chronic enteropathy, bile acids increase post 60s
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder is small, with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.
Jack Russel Terrier	Normal appearance of the trigone area, proximal urethra (0.40 cm), and iliac blood vessels.
SEX	Normal appearance and size of the iliac lymph nodes (1.30 cm). Ureters not visualized, which can be considered a normal finding.
Spayed Female	
AGE	Normal renal size (left kidney 3.30 cm / right kidney 3.40 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.
1.5 years	
WEIGHT	Adrenal Glands
11 lbs	Normal shape, echogenic appearance, size (left 0.46 x 0.44 cm / right 0.48 x 0.41 cm), position, and appearance of the visible peri-renal vasculature.
INTERPRETED BY	Spleen
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM	Normal size (1.30 cm) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.
IMAGING PERFORMED BY	Liver
Sonya Myers DVM	Small in size, with normal echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.
HOSPITAL NAME	Gallbladder
Lake Emma AH	The gallbladder is full, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct (0.30 cm).
REFERRING VET	Gastrointestinal
Hecker	Normal appearance of the stomach (0.37 cm), ileo-cecal junction, and colon (0.20 cm) with no loss of layering, normal wall thickness and no distension of the lumen. Segmental thickening of the duodenum (0.55 cm), jejunum (0.31 cm, 0.48 cm), and small intestine, with no loss of layering, maintaining a 1:3 muscularis to mucosa ratio, normal peristaltic activity, and no distension of the lumen.
INVOICE	Pancreas
13627	Normal size (left 0.80 cm / right 1.10 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.
DATE	Free Abdomen
7.8.23	Normal mesenteric lymph nodes (2.50 cm). Normal size of the caudal vena cava (0.44 cm), portal vein (0.45 cm), and aorta (0.44 cm), with normal ratios. No evidence of turbulent blood flow in any of the blood vessels.



PATIENT

Rosie Partlow

SPECIES

Canine

BREED

Jack Russel Terrier

SEX

Spayed Female

AGE

1.5 years

WEIGHT

11 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sonya Myers DVM

HOSPITAL NAME

Lake Emma AH

REFERRING VET

Hecker

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Microhepatica
- Enteropathy

Secondary Findings

- None

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the microhepatica would be a portosystemic shunt and primary portal vein hyperplasia.

Etiologies for the enteropathy would be nonspecific enteritis (dietary indiscretion, toxins, viral), parasitic enteritis, dietary hypersensitivity, and inflammatory bowel disease.

Further assessment of the liver would be contrast angiography, and possibly a Tru-cut or wedge biopsy of the liver.

Further assessment of the enteropathy would be fecal analysis, cobalamin assay, and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis, as well as the presenting clinical signs.





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IMAGING PERFORMED BY

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HOSPITAL NAME

Lake Emma AH

REFERRING VET

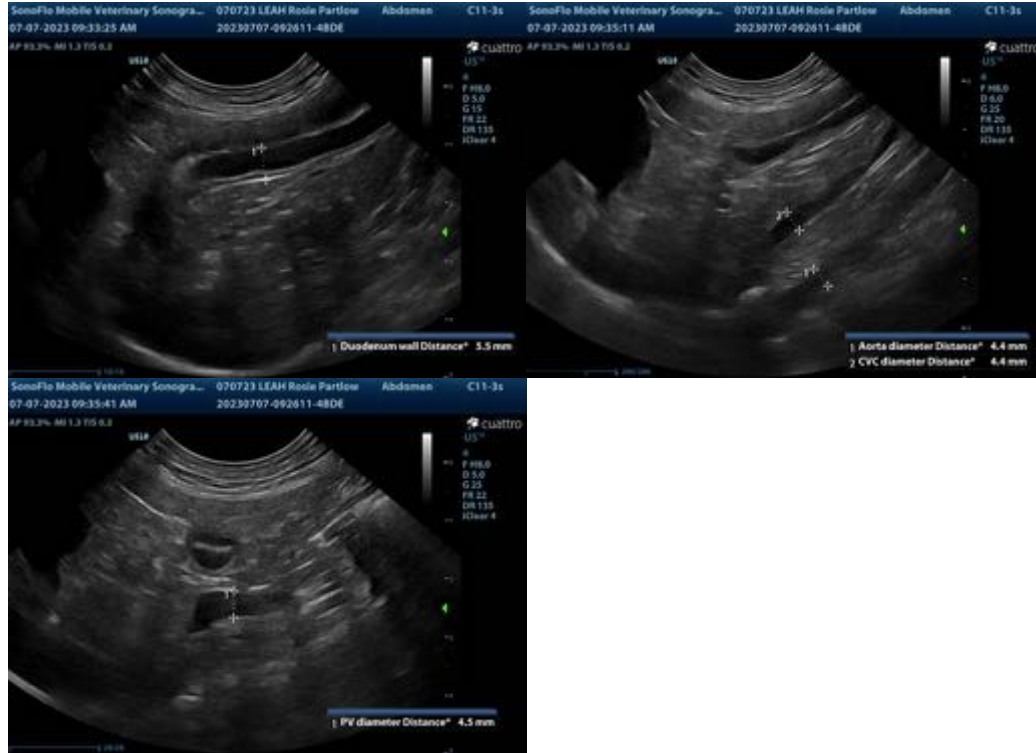
Hecker

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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)
info@sonopath.com