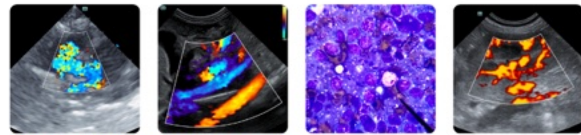


PATIENT

Leo Lovetere

SPECIES

Canine

BREED

Yorkie

SEX

Neutered male

AGE

6 years

WEIGHT

8.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Cordero

INVOICE

75203

DATE

5/5/26

PRESENTING CLINICAL SIGNS

History: Vomiting intermittently the past few weeks, one bout of diarrhea. Clinical findings - Hasn't vomited in 3 days, distended abdomen. May have eaten a raisin or two a few weeks ago.
Abnormal PE/Chem/CBC/UA Results: Chem: Decreased Ca 6.8, TP 3.2, Alb 1.2, Glob 2, Chol 86

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.4 cm, right measured 2.5 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.

The prostate was small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.57 cm in length x 0.45 cm and 0.36 cm in width. The right adrenal gland measured 1.65 cm in length x 0.56 cm in width.

Spleen

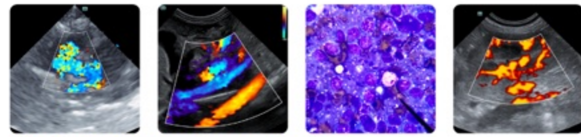
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.4 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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Gastrointestinal

Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Normal thickness of the small intestine with no loss of layering and maintained a 1:3 muscularis to mucosa ratio. Diffuse, mucosal stippling was present. A small amount of fluid accumulation is noted within the loops of the small intestine, but with no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

A large amount of cellular ascites is present.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

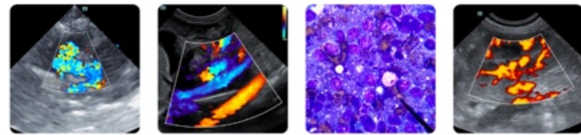
The most likely etiology for the enteropathy would be primarily intestinal lymphangectasia in line with the patient’s breed.

Differential diagnosis would be inflammatory bowel disease, possibly dietary hypersensitivity and emerging lymphoma.

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

Specific therapy would be dependent on an etiological diagnosis.

Management of primary intestinal lymphangectasia would be feeding small frequent meals of a low fat intestinal type diet and Prednisolone. Course of Fenbendazole and cobalamin supplementation could also be considered.



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info@sonopath.com
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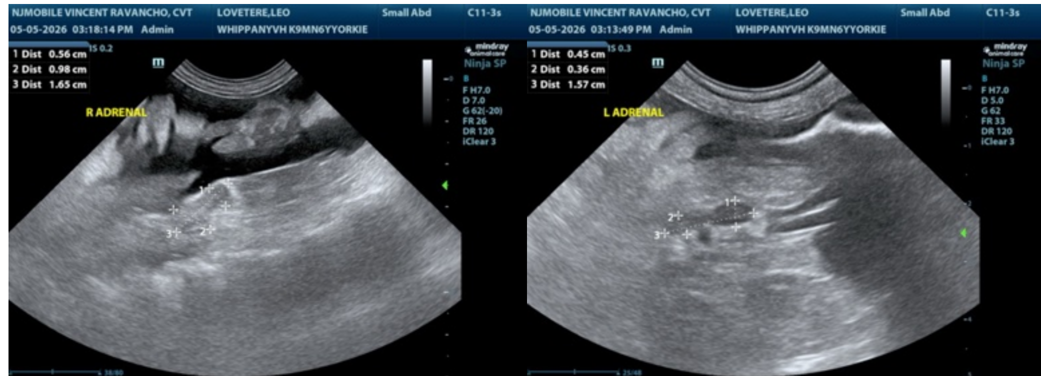

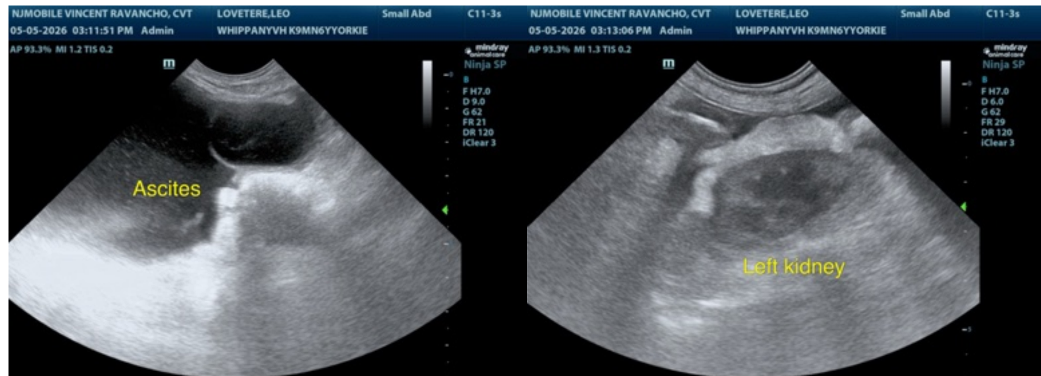

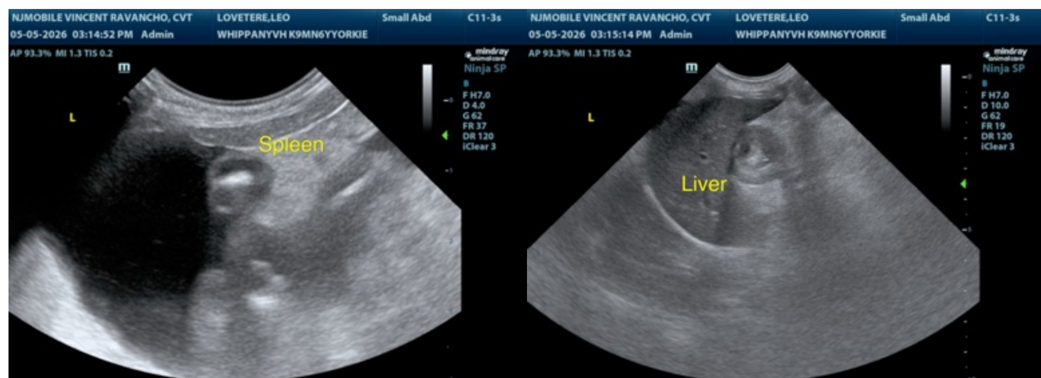

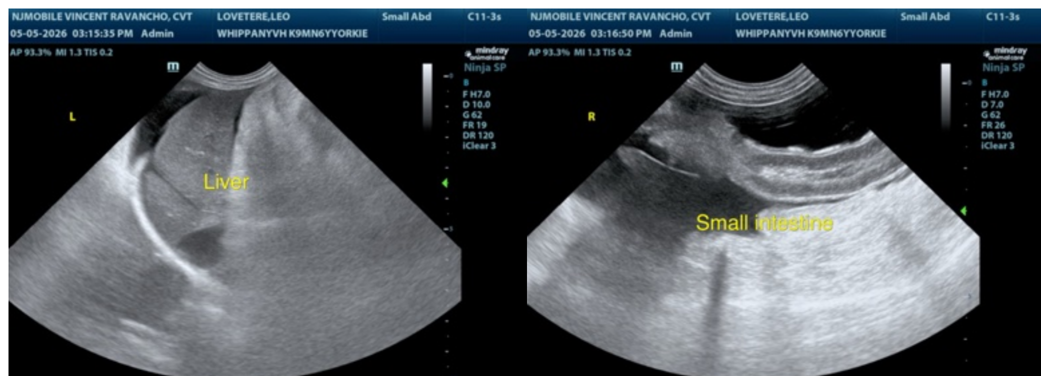

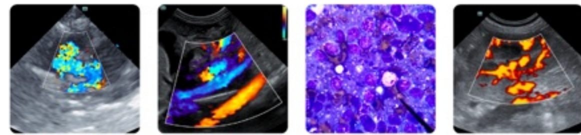

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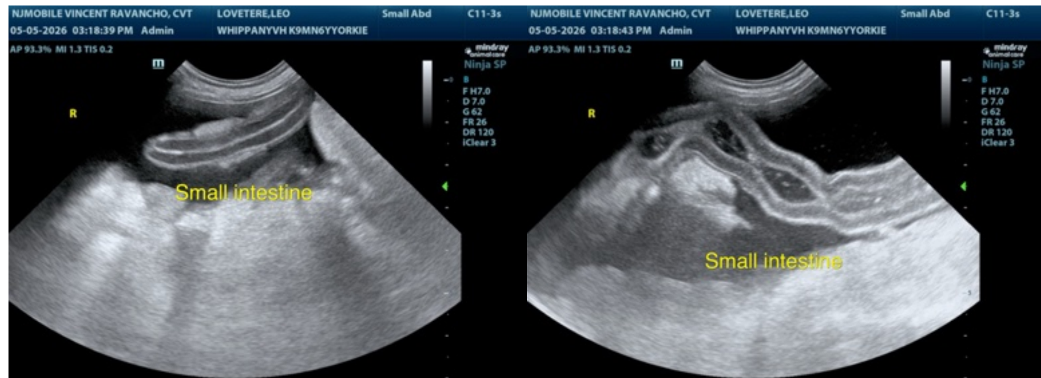

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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