



PATIENT PRESENTING CLINICAL SIGNS

Boss Mychajlonka

History: Chronic GI tract disease that responded to hypoallergenic diet but has intermittent bouts of anorexia. Previous IBD panel showed elevated anti-porin and anti-calprotectin, low antigliadin, normal cobalamine, folate, cPL and TLI. Low resting cortisol but normal ACTH stimulation test.

SPECIES

Canine

Physical Examination: N/A

BREED

Terrier Mix

Previous Urinalysis: SG 1.009, pH 8, negative sediment.

CBC: Elevated hemoglobin.

SEX

MN

Serum Biochemistry: Elevated ALP activity and albumin, low globulins.

Radiographic Findings: N/A.

AGE

10 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT

16 #

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

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and pelvis.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Debbie White, DVM

Adrenal Glands

Normal position, shape, size, and echogenic appearance.

HOSPITAL NAME

Lone Mountain Animal
Hospital

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

REFERRING VET

Dr Debbie White, DVM

Liver

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct.

INVOICE

302696

Gastrointestinal

DATE

1/11/22

Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen. Segmental corrugation of the small intestine. Prominent hypoechoic appearance of the submucosal layer of the duodenum and small intestine but with no loss of layering.



PATIENT *Pancreas*

Boss Mychajlonka Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine No mesenteric lymphadenomegaly.
No ascites.

BREED

Terrier Mix

ULTRASONOGRAPHIC FINDINGS

SEX Primary findings:

- MN
 - Enteropathy.

AGE Secondary findings:

- 10 years
 - Age-related renal changes.

WEIGHT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

16 #

From the history and this ultrasound, the most likely etiology for the enteropathy would be inflammatory bowel disease and dietary hypersensitivity with parasitic enteritis and emerging lymphoma less likely differential diagnoses.

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

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Specific therapy would be dependent on an etiological diagnosis. Ongoing management would be to continue with current dietary therapy, course of fenbendazole and/or metronidazole, and possible prednisolone.

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PATIENT IMAGES

Boss Mychajlonka **Small intestine**

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

10 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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