



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Cody Jordan History: Hemorrhagic diarrhea, lethargy and decreased appetite for several days.

**SPECIES** Canine Physical Examination: N/A.

Urinalysis: N/A.

**BREED** Mixed CBC: N/A.

Serum Biochemistry: Elevated liver enzyme activity, amylase, lipase, and bilirubin. Abnormal cPL.

**SEX** MN Radiographic Findings: N/A.

**AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

6 years **Urinary System**

**WEIGHT** 60 # 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.

**INTERPRETED BY** Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 6.2 cm, right 7.3 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 0.54 cm, right 0.51cm.

**Spleen**

Normal size 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, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing large amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

**IMAGING PERFORMED BY**

Lara Wiseman, DVM

**HOSPITAL NAME**

Boca Midtowne Animal Hospital

**REFERRING VET**

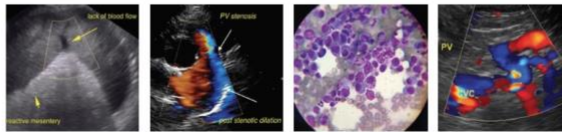
Dr Boazman

**INVOICE**

303479

**DATE**

10/14/22



**PATIENT**

Cody Jordan

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

MN

**AGE**

6 years

**WEIGHT**

60 #

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MMedVet (Med), PhD,  
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**Gastrointestinal**

Normal appearance of the gastro-esophageal junction, stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.46 cm) and peristaltic activity, and no distension of the lumen. Fecal material within the colon. Segmental thickening of the small intestine (up to 0.48 cm) with no loss of layering or distension of the lumen.

**Pancreas**

Normal size (right 1.7 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

No mesenteric lymphadenomegaly.  
No ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Enteropathy.

Secondary findings:

- Gall bladder sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the enteropathy would be non-specific enteritis (viral, bacterial, protozoal, helminths, dietary indiscretion, toxins), inflammatory bowel disease, and dietary hypersensitivity with emerging lymphoma an unlikely differential diagnosis.

Although the gall bladder sediment is most likely an incidental finding and secondary to the enteropathy, monitoring for the possible development of a mucocele would be recommended.

Further assessment would be fecal analysis and if there is not a satisfactory improvement with symptomatic therapy the cobalamin assay and endoscopy of both the upper and lower GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Supportive therapy would be feeding an intestinal diet, course of fenbendazole, and intestinal protectants/absorbents. Symptomatic management of the gall bladder would be ursodiol.



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**IMAGES**

**Small intestine**



**Gall bladder**



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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)  
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