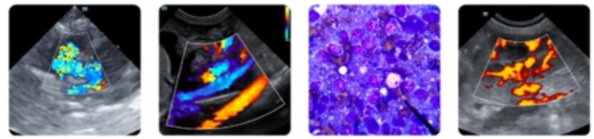


PATIENT
Lady Weston

SPECIES
Canine

BREED
Hound Mix

SEX
Spayed female

AGE
7 years

WEIGHT
58.4 lbs

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

IMAGING PERFORMED BY
Miranda Fritz

HOSPITAL NAME
Richmond AH

REFERRING VET
Dr. Sherman

INVOICE
70131

DATE
1/14/26

PRESENTING CLINICAL SIGNS

History: P presented for progressive weight loss and anorexia. P examined in mid Nov for torn nail. Nail still attached so not removed at that time. P was given cephalexin and carprofen. Nail worsened and p brought to local ER for sedation and nail removal. Around that time p stopped eating and had some diarrhea. Full bw done, mild hypoalbuminemia (2.0), all else wnl. UA/UPC done -non-proteinuric. Fecal + giardia NOS. No known toxin exposure or FB ingestion. On cerenia and sucralfate since o mentioned some stool looks black. P did finally eat some food last night at 6pm but fasted this morning. P has lost 10lbs since November. Chronically on fluoxetine 30mg SID but decreased recently to 20mg SID due to anorexia/hyporexia.
Abnormal PE/Chem/CBC/UA Results: PE: weight loss, mild dehydration, periodontal disease, multiple irregular or broken nails - suspect underlying onychodystrophy CBC: wnl Chem: albumin 2.0, TP 5.1 UA: USG >1.050, protein present UPC: 0.1 Fecal + giardia antigen: NOS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 6.1 cm, right measured 5.8 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. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

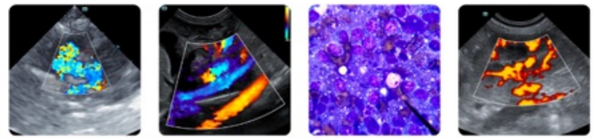
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.35 cm and 0.41 cm in width. The right adrenal gland measured 0.56 cm in width.

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 3.0 cm.

Liver

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



SonoPath.com info@sonopath.com 1.800.838.4268

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Gallbladder

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.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, 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. A small amount of ingesta is present in the stomach compatible with a recent meal.

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.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the presenting clinical signs.

Although the GI tract appears ultrasonographically normal, with the presenting clinical signs and the hypoalbuminemia, an underlying enteropathy such as inflammatory bowel disease and dietary hypersensitivity should still be considered.

Atypical Addison's disease would be a differential diagnosis.

Further assessment would be cobalamin, folate and basal cortisol assay, possibly an ACTH stimulation test and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management that could be considered would be feeding a novel protein/hypoallergenic diet, cobalamin supplementation and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.

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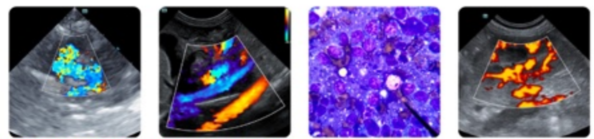

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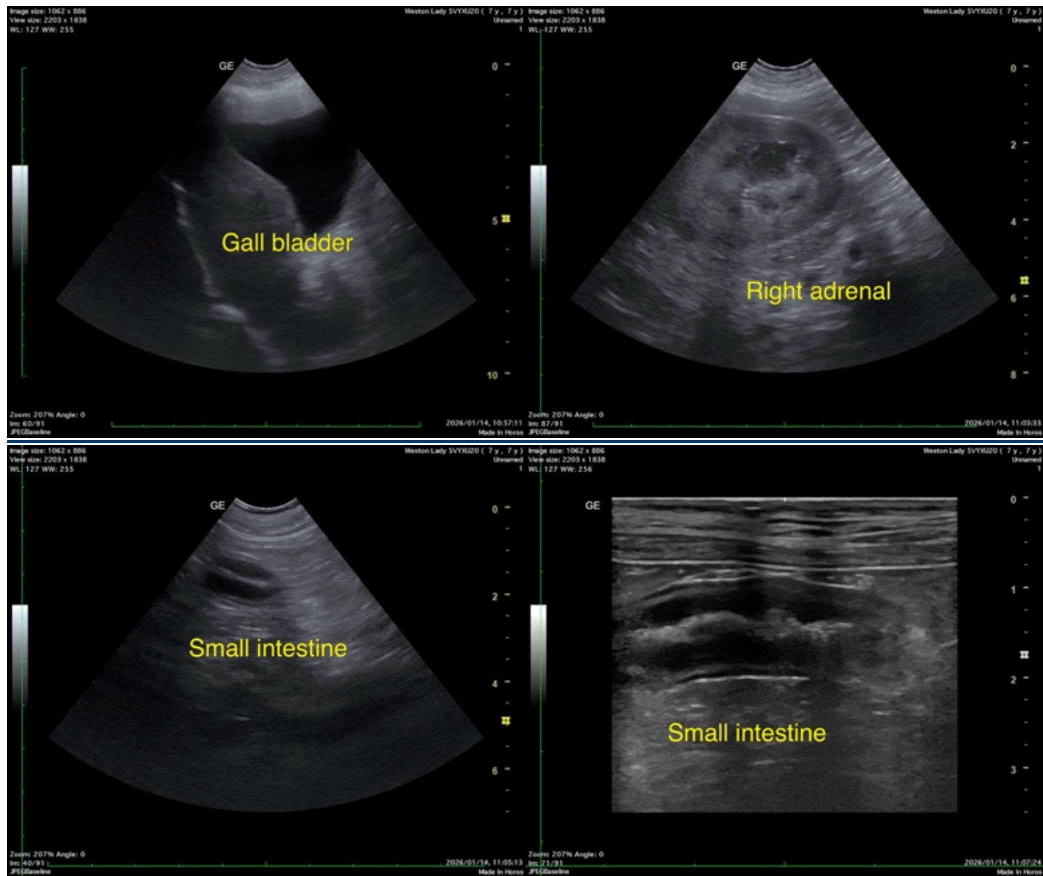

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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