



PATIENT

Remi Foster

SPECIES

Canine

BREED

Great Dane

SEX

Spayed female

AGE

7 years

WEIGHT

101 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Marie Allen

HOSPITAL NAME

Nourth County AH

REFERRING VET

Dr. Allen

INVOICE

70151

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: Initially present for diarrhea and weight loss with normal appetite. Lab work abnormalities (below) prompted ultrasound. Significant amount of free abdominal fluid found when attempting US. Aspiration showed clear fluid. 4 Liters were removed just prior to scan.

Abnormal PE/Chem/CBC/UA Results: Lab work results and interpretation by colleague below: CBC is largely unremarkable aside from mild lymphopenia and eosinopenia, likely stress-related. Her chemistry panel shows marked hypoproteinemia (TP 3.0 g/dL) with significant hypoalbuminemia (1.2 g/dL) and low globulin level (1.8 g/dL). These findings are substantial and likely contributing to her persistent diarrhea. Kidney values (BUN, creatinine, and SDMA) are normal, making primary renal insufficiency unlikely. Liver enzymes are within normal ranges; no evidence of hepatic injury or cholestasis.

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.

The trigone area, proximal urethra, iliac blood vessels and iliac lymph nodes were not visualized.

Ureters not visualized, which can be considered a normal finding.

The kidneys are poorly visualized but appear to be of normal size, echogenic appearance and shape.

Adrenal Glands

The adrenal glands are not visualized.

Spleen

The visualized sections of the spleen measured up to 2.0 cm in width.

Liver

Normal size, increased echogenic appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident.

Gallbladder

The gallbladder is not visualized.



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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. Only small sections of the small intestine were visualized, which have a normal thickness, no loss of layering and maintained a 1:3 muscularis to mucosa ratio.

Pancreas

The pancreas is not visualized.

Free Abdomen

Normal mesenteric lymph nodes.

A large amount of ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the presenting clinical signs and severe hypoproteinemia, the most likely diagnosis would be a chronic enteropathy such as primary lymphangectasia, exocrine pancreatic insufficiency and severe inflammatory bowel disease.

The most likely etiology for the hepatopathy would be reactive hyperplasia.

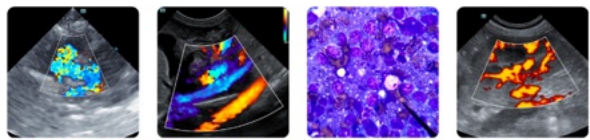
The ascites can be ascribed as secondary to the hypoproteinemia.

Further assessment would be cobalamin, folate and TLI assay, endoscopy of the upper GI tract with biopsies and possibly FNA cytology of the liver.

Specific therapy would be dependent on an etiological diagnosis.

Initial symptomatic management that can be considered would be feeding novel protein/hypoallergenic diet, cobalamin supplementation and a course of Prednisolone.

If there is not a satisfactory improvement then changing the diet to a low fat intestinal diet should then be considered.



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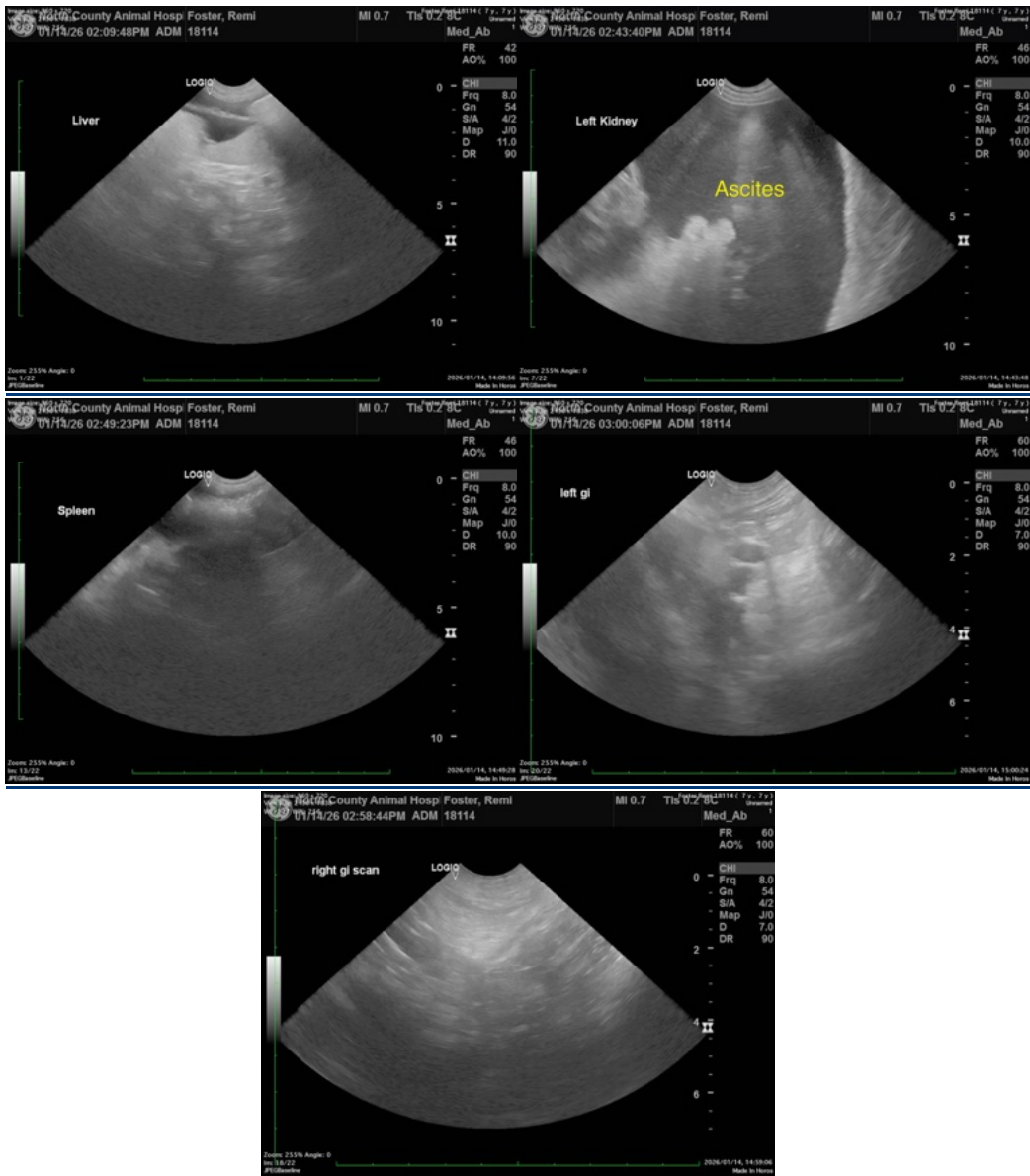
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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