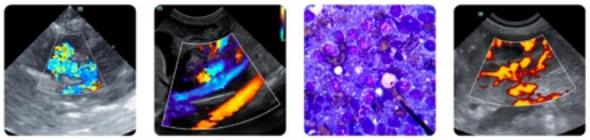

PATIENT

Marty Bucci

SPECIES

Canine

BREED

Boxer

SEX

Neutered male

AGE

3 years

WEIGHT

79.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hennigan

HOSPITAL NAME

Mattydale AH

REFERRING VET

Dr. Hennigan

INVOICE

70178

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1/15/26

PRESENTING CLINICAL SIGNS

History: Intermittent GI signs (vomiting and diarrhea) starting around December. Responded to bland diet, forti flora and cerenia. Owner is an employee (vet asst) and was originally thinking he was getting into things but wants to r/o more sinister causes. Has had radiographs at these times in the past that were unremarkable. CBC/chem wnl. Hx of low grade cutaneous MCT in December that was completely excised. Has had Giardia in past and treated. Recent fecal showed giardia positive but no cysts. Started on Hills I/D Jan 8th. As patient was having diarrhea that developed frank blood in it I placed on a course of metronidazole.
Abnormal PE/Chem/CBC/UA Results: CBC/chem - wnl Texas GI Panel pending Cortisol pending

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 6.2 cm, right measured 7.1 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.

The prostate is small and hypoechogenic.

Adrenal Glands

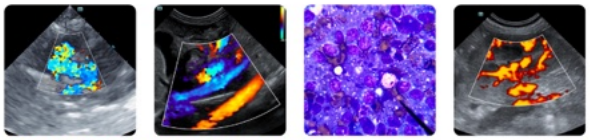
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.67 cm in width. The right adrenal gland measured 0.45 cm and 0.56 cm in width.

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 2.7 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.



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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.

Gastrointestinal

Normal appearance of the stomach, 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 duodenum and small intestine with no loss of layering, but with an increased muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen. A moderate amount of fluid is present in the stomach.

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

Prominent mesenteric lymph nodes measuring up to 0.6 x 1.2 cm in size maintaining a normal shape and echogenic appearance.

No ascites evident.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy
- Mesenteric lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be dietary hypersensitivity and inflammatory bowel disease.

The most likely etiology for the mesenteric lymphadenomegaly would be reactive hyperplasia secondary to the enteropathy with lymphadenitis and infiltrative neoplasia highly unlikely differential diagnosis.

Further assessment would be based on the pending results, but could include endoscopy of the upper GI tract with biopsies.

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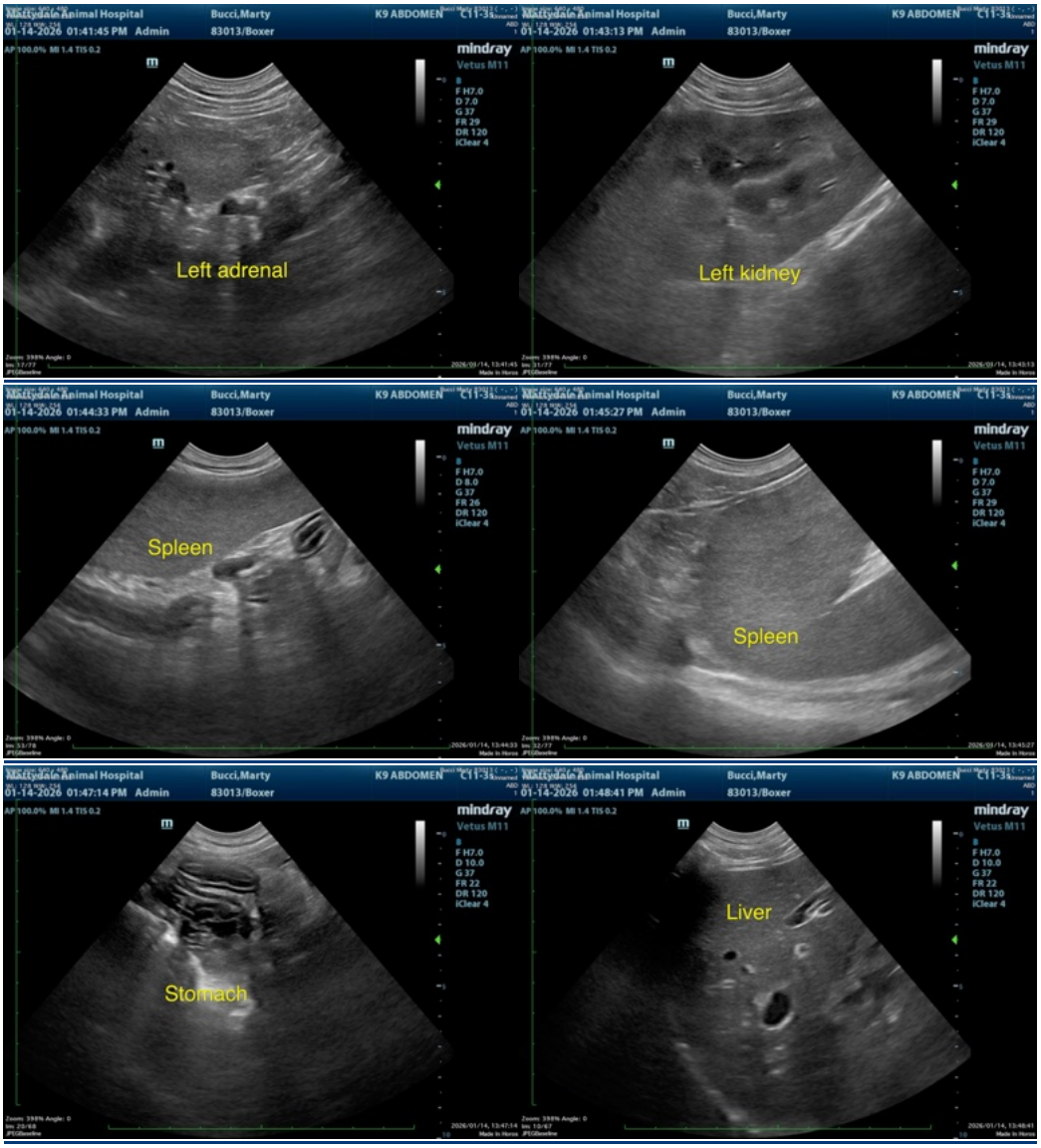
Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be feeding small frequent meals of a novel protein/hypoallergenic diet, cobalamin supplementation if indicated and if there is not a satisfactory improvement then a course of Prednisolone would then be indicated.



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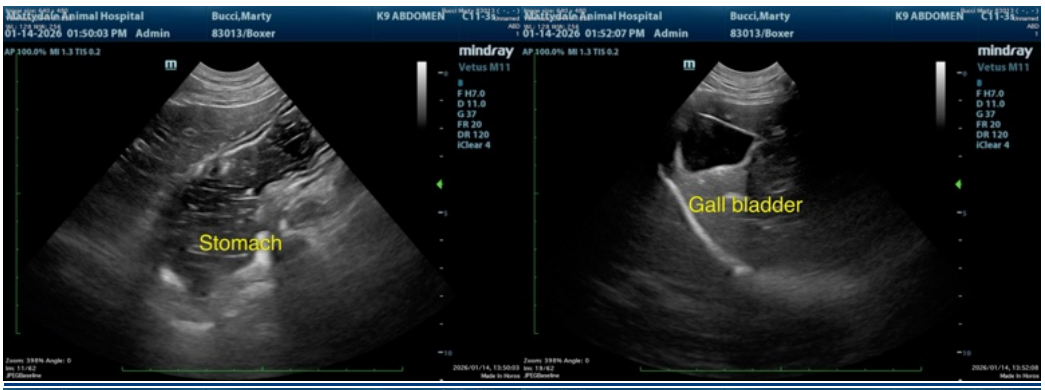
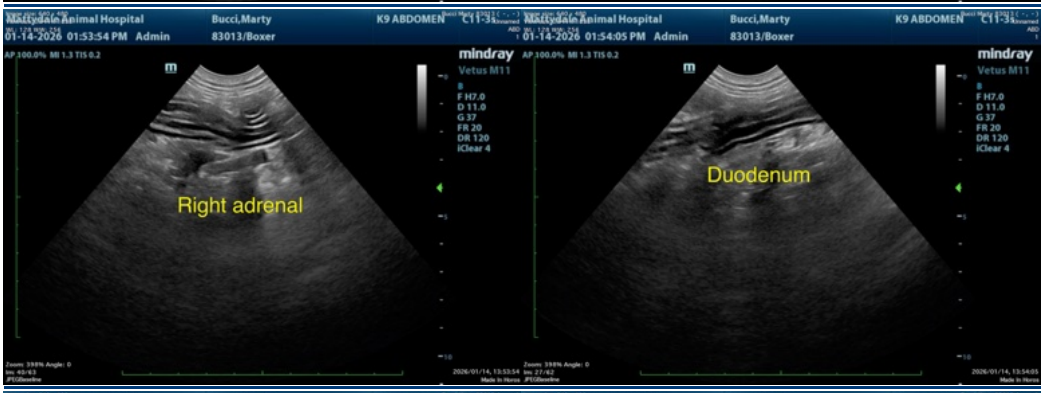
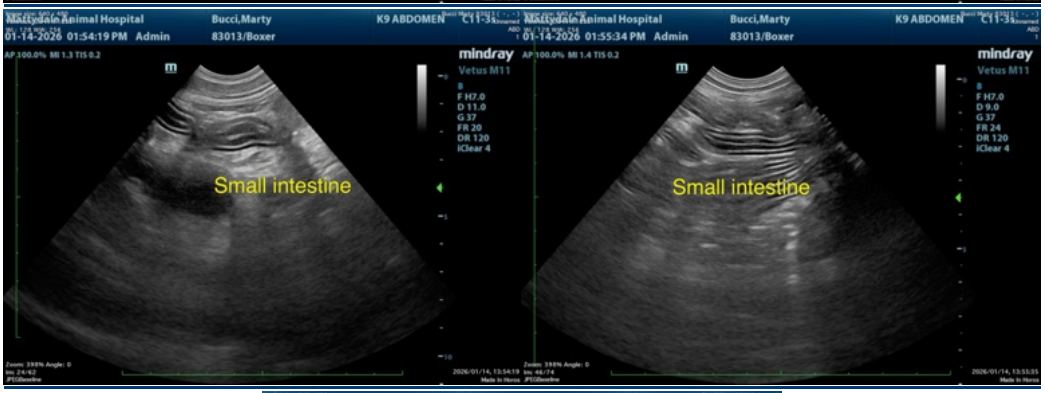
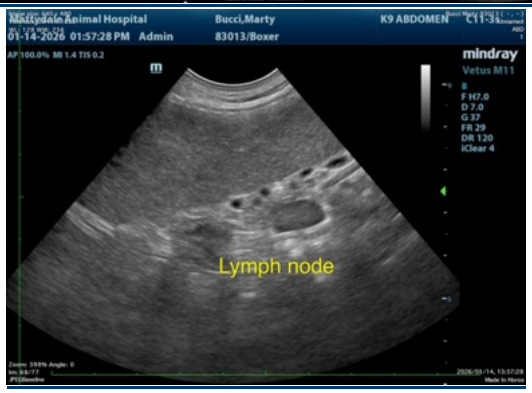
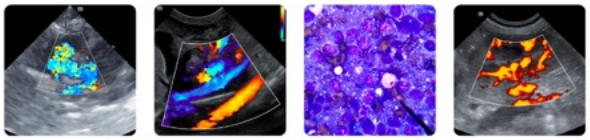








The information and recommendations provided are based on the images presented by the



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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