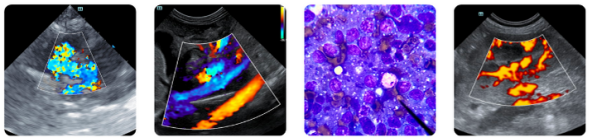

PATIENT

Oliver Giesey

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

1 year

WEIGHT

50 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Julia Bakker

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Dr. Traci Holder

INVOICE

11017

DATE

1/2/2026

PRESENTING CLINICAL SIGNS

Chronic history of antibiotic responsive diarrhea since adopted as a puppy. Fecal PCR negative.

Abnormal PE/Chem/CBC/UA Results: Mild hypoalbuminemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 6.6 cm, and the right kidney measures 7.9 cm.

Reproductive System

Small, hypoechogenic prostate measuring 0.9 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 2.39 cm in length x 0.52 cm and 0.64 cm in width. Right adrenal measures 1.71 cm in length x 0.51 cm and 0.59 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 measures 1.8 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.

Gallbladder

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, 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

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lumen. The small intestine has mild, patchy mucosal stippling is evident. The small intestine measures up to 0.48 cm. Fecal material present within the colon.

Pancreas

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

Free Abdomen

Enlarged mesenteric lymph nodes measuring up to 1.5 cm x 3.1 cm in size. Maintaining a normal shape and echogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Mesenteric lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

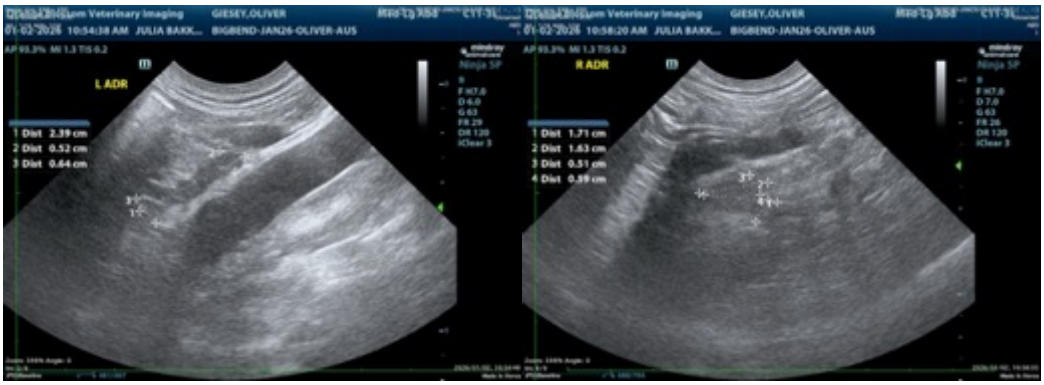
Etiologies to consider for the enteropathy would be dietary hypersensitivity, inflammatory bowel disease, primary lymphangiectasia, and intestinal dysbiosis.

The most likely etiology for the mesentery lymphadenomegaly would be age related reactive hyperplasia or reactive hyperplasia secondary to the enteropathy, with lymphadenitis and infiltrative neoplasia unlikely differential diagnoses.

Further assessment would be cobalamin and folate assay, intestinal dysbiosis index, an endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Initial symptomatic management would be feeding an intestinal biome diet, and cobalamin supplementation and if there's not a satisfactory improvement then changing the diet to a novel protein/hypoallergenic diet, and if there is still no improvement then a course of prednisolone would then be indicated. Ideal dietary therapy for primary intestinal lymphangiectasia would be feeding a low-fat intestinal type diet.



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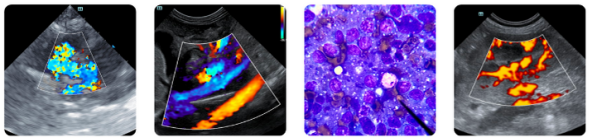

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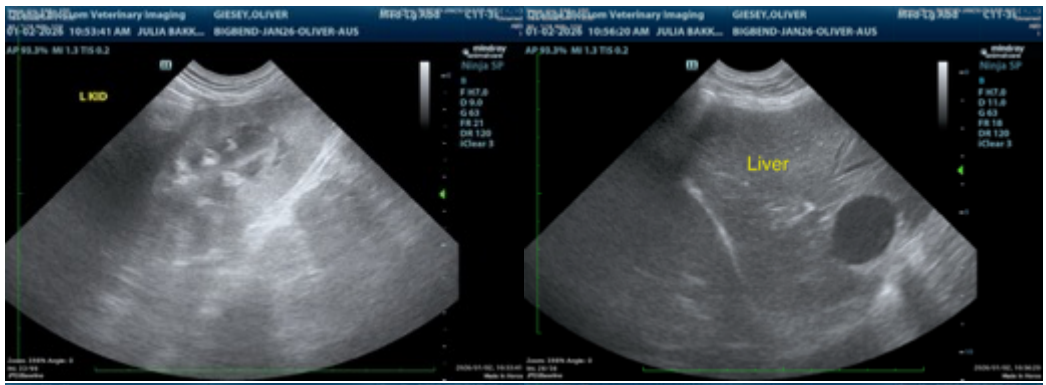

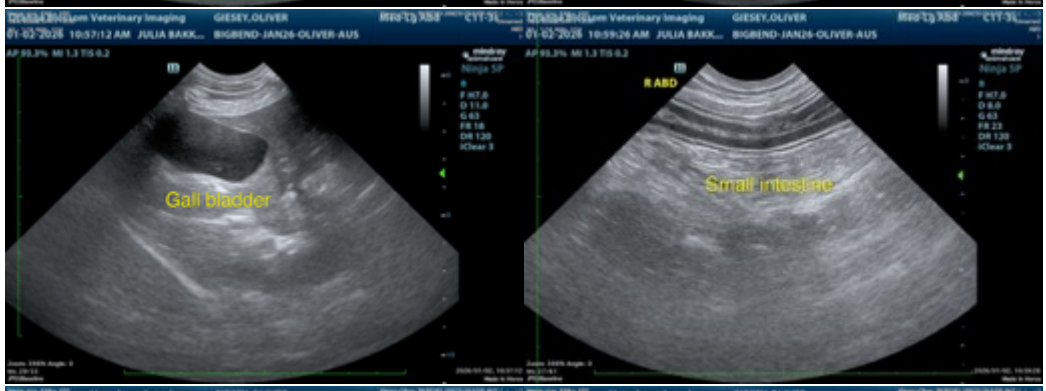

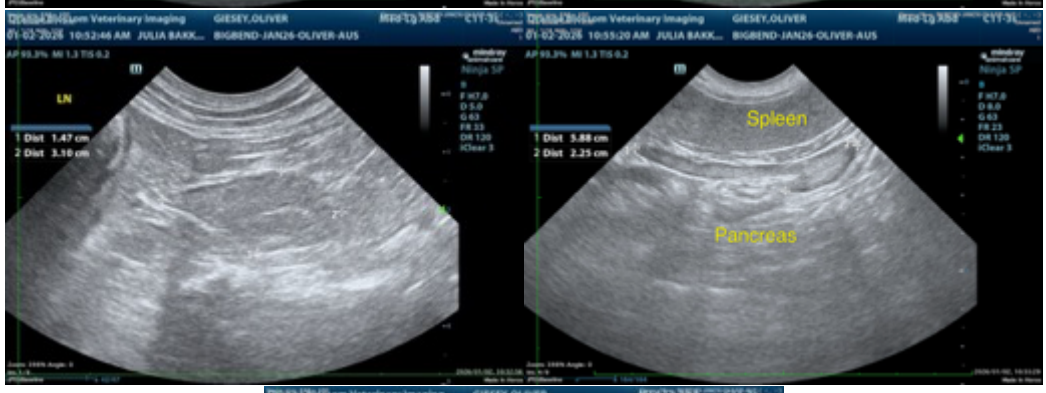

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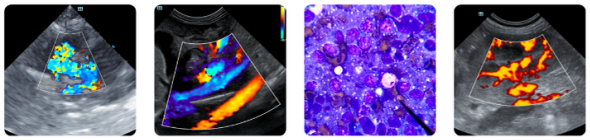

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com