



## PATIENT

Beau Brennan

## SPECIES

Canine

## BREED

Vizsla

## SEX

Intact male

## AGE

1 ½ years

## WEIGHT

58 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Ukachi Ugorji, DVM

## HOSPITAL NAME

Craig Road AH

## REFERRING VET

Dr. Womack

## INVOICE

71030

## DATE

1/28/26

## PRESENTING CLINICAL SIGNS

- Beau is a 1 year and 5 month old MI vizsla presenting for evaluation. P has a history of severe skin allergies and goes to Animal Derm for management. His allergies have significantly improved on his current diet, Purina ProPlan Elemental, but he has to eat a significant amount to maintain his weight. He eats 3 cups in the AM, 2 during lunch and 3 again at night, which is significantly more than what is listed on the bag for his size. He has always been lean, and has never been above 60 lbs, however the O believes that he seems skinnier than usual in recent weeks. He has never had any abnormal GI signs. Currently positive for giardia and receiving panacur.
- ALT 119 (12-118) ALP 167 (5-131)

## 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 7.0 cm, right measured 7.2 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 size and appearance of the prostate.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.42 cm and 0.56 cm in width. The right adrenal gland measured 0.4 cm and 0.52 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 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 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. Fecal material was present within the colon.

## ***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***

Enlarged mesenteric lymph nodes measuring up to 0.7 x 2.3 cm in size with a hyperechogenic appearance and a normal shape.

No ascites evident.

## **ULTRASONOGRAPHIC FINDINGS**

- Mesenteric lymphadenomegaly.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The likely etiologies for the mesenteric lymphadenomegaly would be age related reactive hyperplasia or reactive hyperplasia secondary to the Giardia. Lymphadenitis and infiltrative neoplasia would be highly unlikely differential diagnosis.

Further assessment that could be considered would be FNA cytology of the mesenteric lymph nodes.

Further specific therapy would be dependent on an etiological diagnosis.



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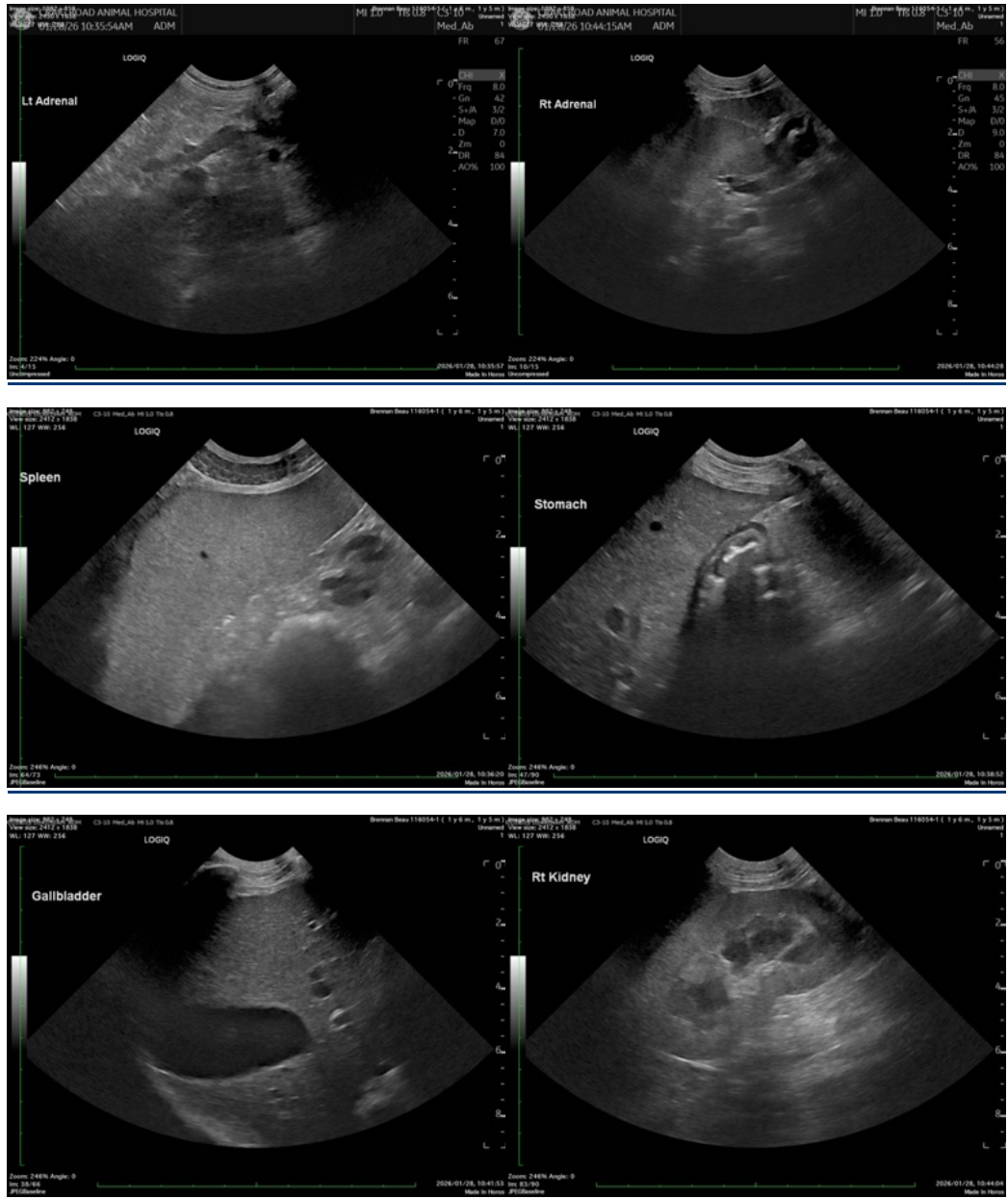
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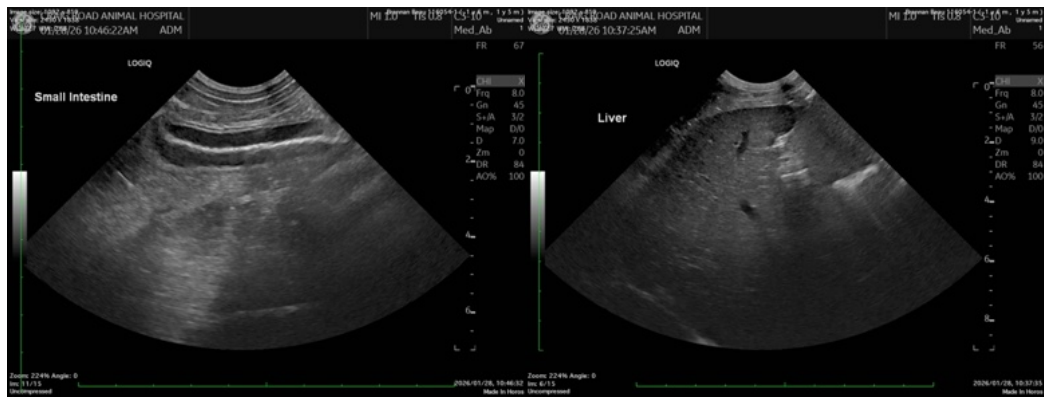
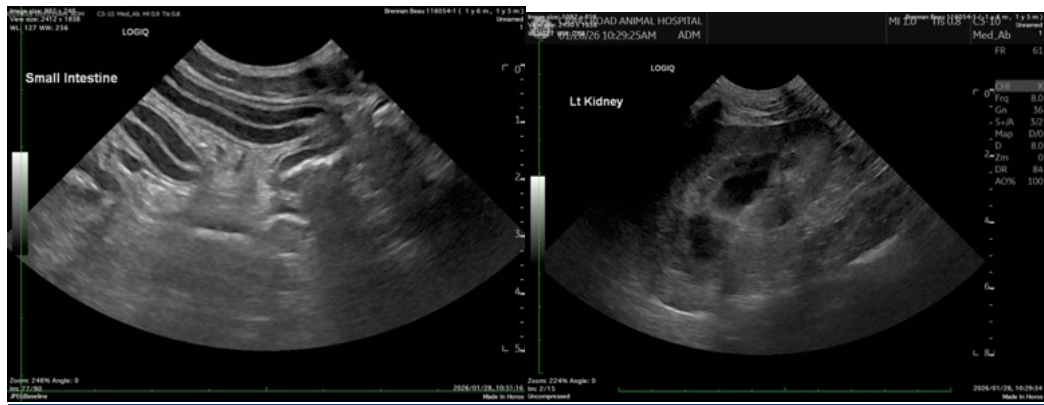
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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