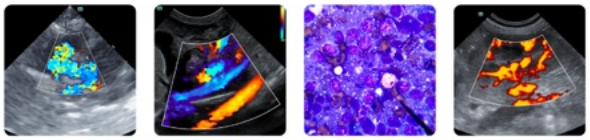


PATIENT

Pugsley Haunold

SPECIES

Canine

BREED

Pug Mix

SEX

Neutered male

AGE

12 years

WEIGHT

24 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

John Sampson

HOSPITAL NAME

Richboro VH

REFERRING VET

Dr. Hughes

INVOICE

69939

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History: Diarrhea started 1/2/26, next day two episodes of vomiting (bile, no blood), D+ continued despite chicken/rice diet and o tried supplement (colon rescue) which may have helped a little. Presented 1/5/26 for evaluation.
Abnormal PE/Chem/CBC/UA Results: normal temperature, no overt pain on palpation of abdomen. liquid yellow stool on rectal palpation. BW: albumin 1.6, globulin 2.7, total protein 4.3, BUN 53. remainder (cbc and chemistry) wnl. UA dropped off - no proteinuria or active sediment. overall unremarkable UA.

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 4.4 cm, right measured 5.1 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.

The prostate is small and hypoechogenic measuring 0.9 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.04 cm in length x 0.56 cm and 0.38 cm in width. The right adrenal gland measured 1.63 cm in length x 0.7 cm and 0.53 cm in width.

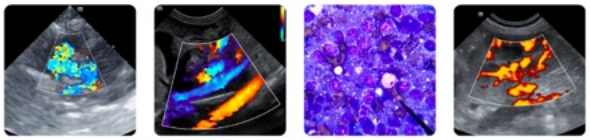
Spleen

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 1.2 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



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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. The small intestine measures up to 0.5 cm. Fecal material is present in 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

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Normla 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 presenting clinical signs would be indicative of acute, non-specific gastroenteritis such as dietary indiscretion, toxins, viral and parasites, the hypoalbuminemia would be indicative of a more chronic picture such as dietary hypersensitivity, inflammatory bowel disease and lymphangectasia.

Initial further assessment would be fecal analysis (if not already done). Initial management would be to continue with the current diet and to add intestinal absorbents/protectants. If there is not a satisfactory improvement then further assessment would be cobalamin and folate assay and endoscopy of the upper GI tract with biopsies with further specific therapy dependent on an etiological diagnosis.

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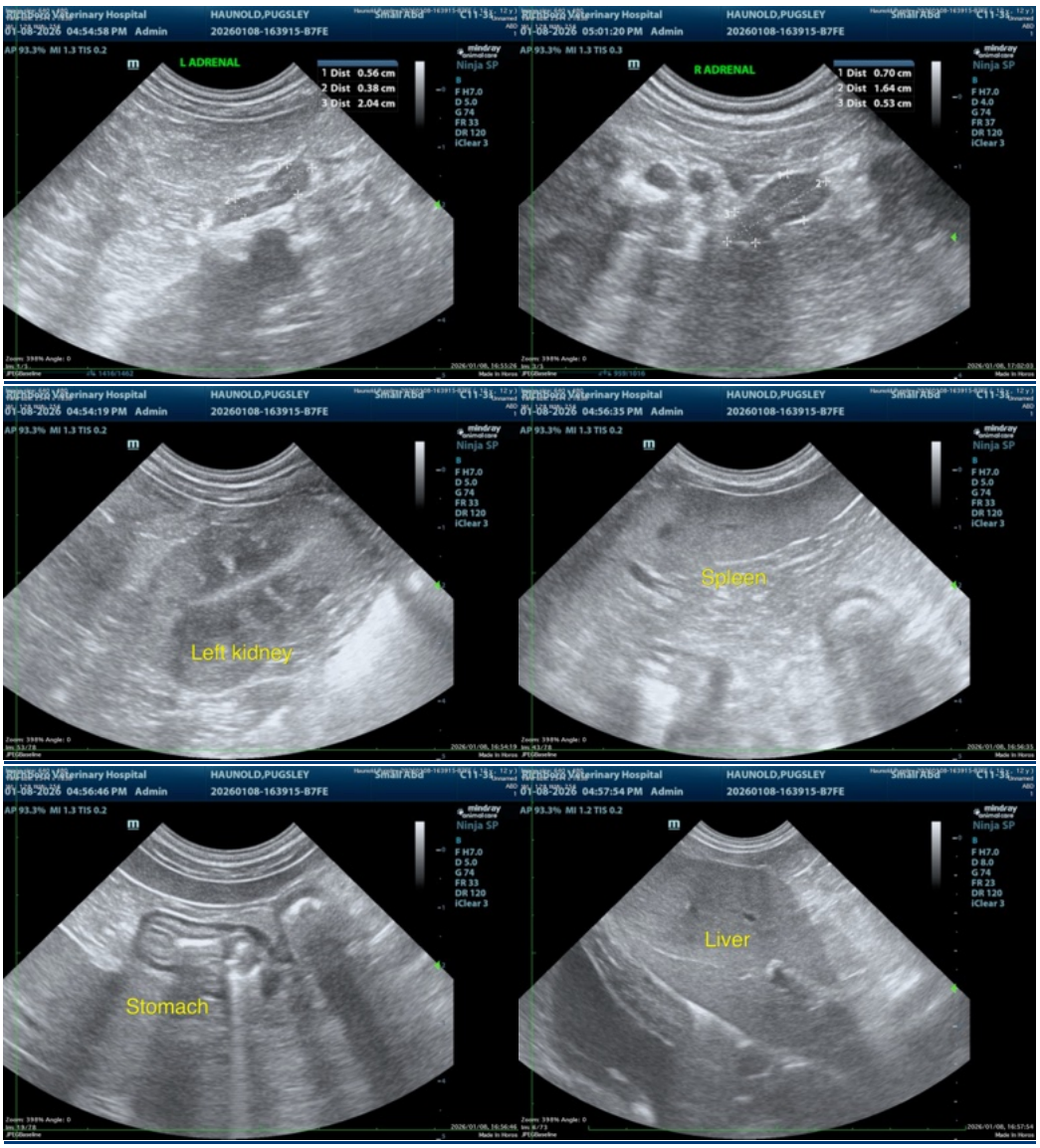

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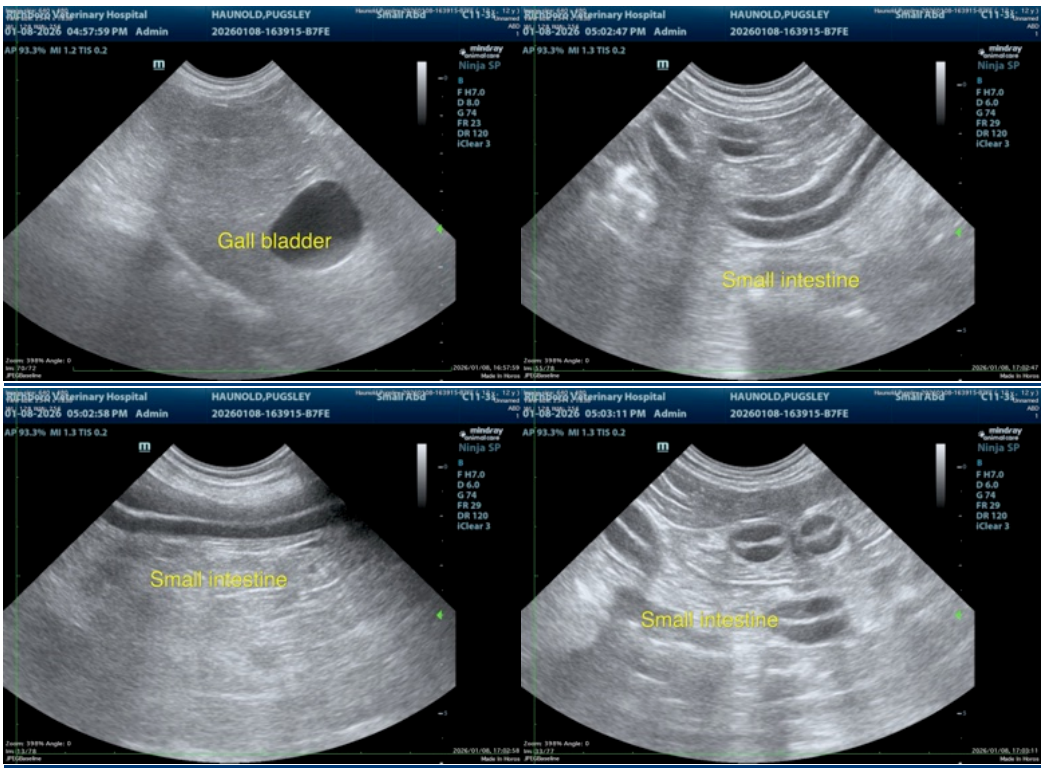

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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