



## PATIENT

Pepper Hite

## SPECIES

Canine

## BREED

Old English Sheepdog  
Mix

## SEX

Spayed female

## AGE

10 years

## WEIGHT

53.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Brooke Cory

## HOSPITAL NAME

Cold Lake VC

## REFERRING VET

Dr. Cory

## INVOICE

68651

## DATE

11/13/25

## PRESENTING CLINICAL SIGNS

**History:** Started to have intermittent diarrhea at the end of summer. Has never had GI issues previously. Did a diet transition after seen here in August and she is on purina Pro Plan Sensitive skin and stomach now (since August). Still having intermittent diarrhea at 6 or 7 on the purina poop chart. No blood but seems to be increased urgency and lots of mucous present. Is still eating and drinking well. No vomiting. No change in energy. Problem List and Ddx: Gastroenteritis secondary to diet, Neoplasia, IBD, Other

**Abnormal PE/Chem/CBC/UA Results:** Diagnostics: 1. Chemistry - WNL 2. Spec - WNL 3. T4 - WNL

## 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.

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 6.5 cm, right measured 6.6 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.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.36 cm in length x 0.45 cm and 0.55 cm in width. The right adrenal gland measured 0.6 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 2.3 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, 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. A small amount of fluid is present in the stomach. Focal material was noted 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**

- Normal ultrasound examination of the abdomen.

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

On this ultrasound there is no obvious etiology for the chronic intermittent diarrhea.

Although the GI tract appears ultrasonographically normal, with the presenting clinical signs an underlying enteropathy/colonic disease needs to be considered.

Further assessment would be fecal analysis, cobalamin and folate assay and endoscopy of the upper and lower GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

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



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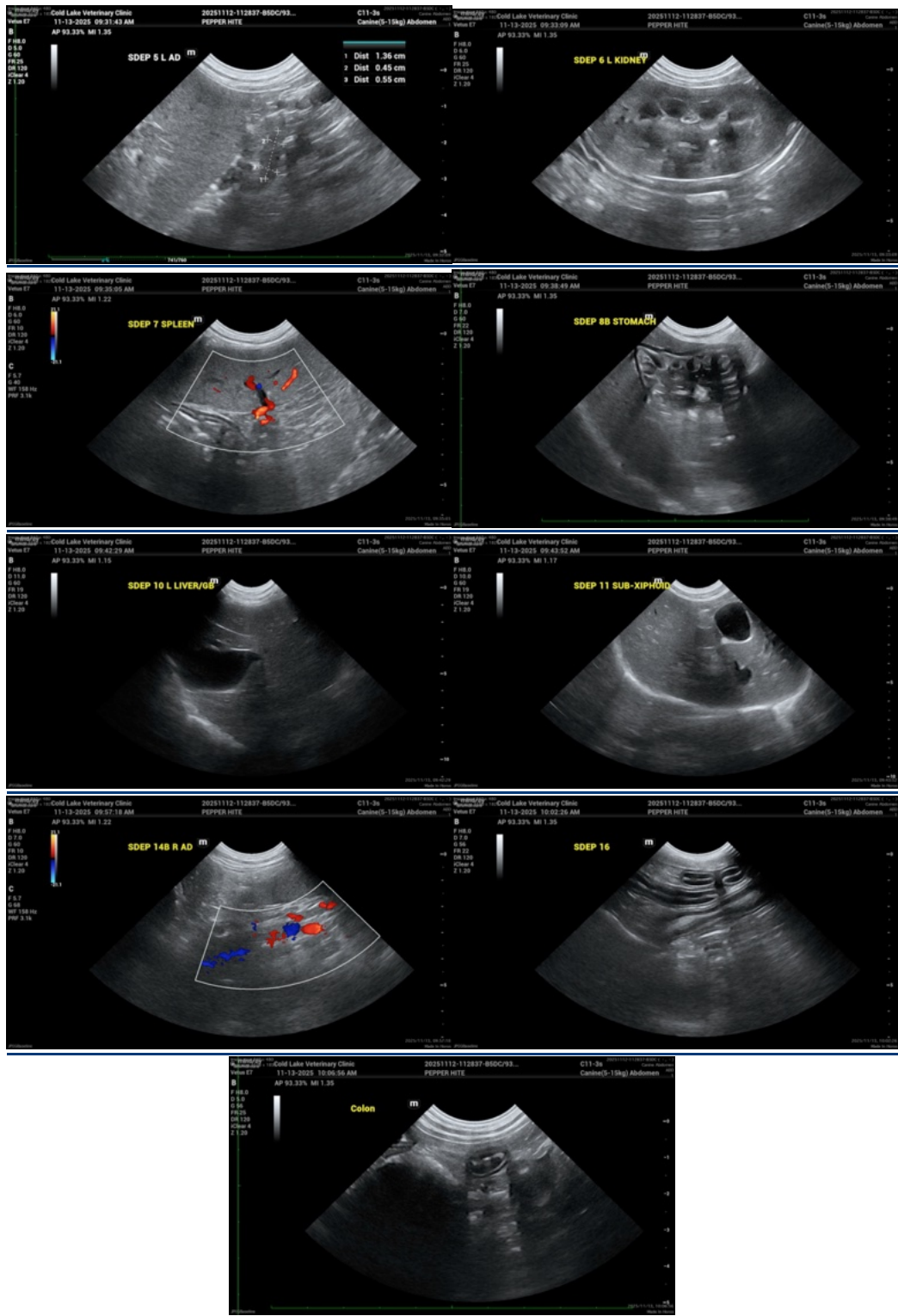
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The information and recommendations provided are based on the images presented by the



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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](mailto:info@sonopath.com)