



## PATIENT

Ruby Mahony

## SPECIES

Canine

## BREED

Goldendoodle

## SEX

Spayed female

## AGE

11 years

## WEIGHT

32.8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Isaac

## HOSPITAL NAME

Valley West & Elk  
Valley VH

## REFERRING VET

Dr. Isaac

## INVOICE

68653

## DATE

11/13/25

## PRESENTING CLINICAL SIGNS

History: Chronic intermittent bloody diarrhea. Fecal NOS. Owner tried a novel protein diet, but switched to an OTC Blue buffalo diet several months ago. Did well until 2 weeks ago and diarrhea started again. Currently doing better on ID diet and fortiflora SA  
Abnormal PE/Chem/CBC/UA Results: PE is normal and Chem/CBC at another clinic appears normal.

## 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 5.6 cm, right measured 5.5 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.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.52 cm in width. The right adrenal gland measured 0.61 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 2.0 cm.

### *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*

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.



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## ***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.

## ***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 intermittent hemorrhagic diarrhea.

Although the GI tract appears ultrasonographically normal, with the presenting clinical signs, underlying colonic disease and less likely small intestinal disease should still be considered.

Etiologies would be idiopathic colitis, granulomatous colitis, inflammatory bowel disease and possibly dietary hypersensitivity.

Neoplasia would be an unlikely differential diagnosis.

Further assessment would be rectal cytobrush cytology and endoscopy of the upper and lower GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be to continue with the current dietary therapy, cobalamin supplementation and possibly a course of Prednisolone.



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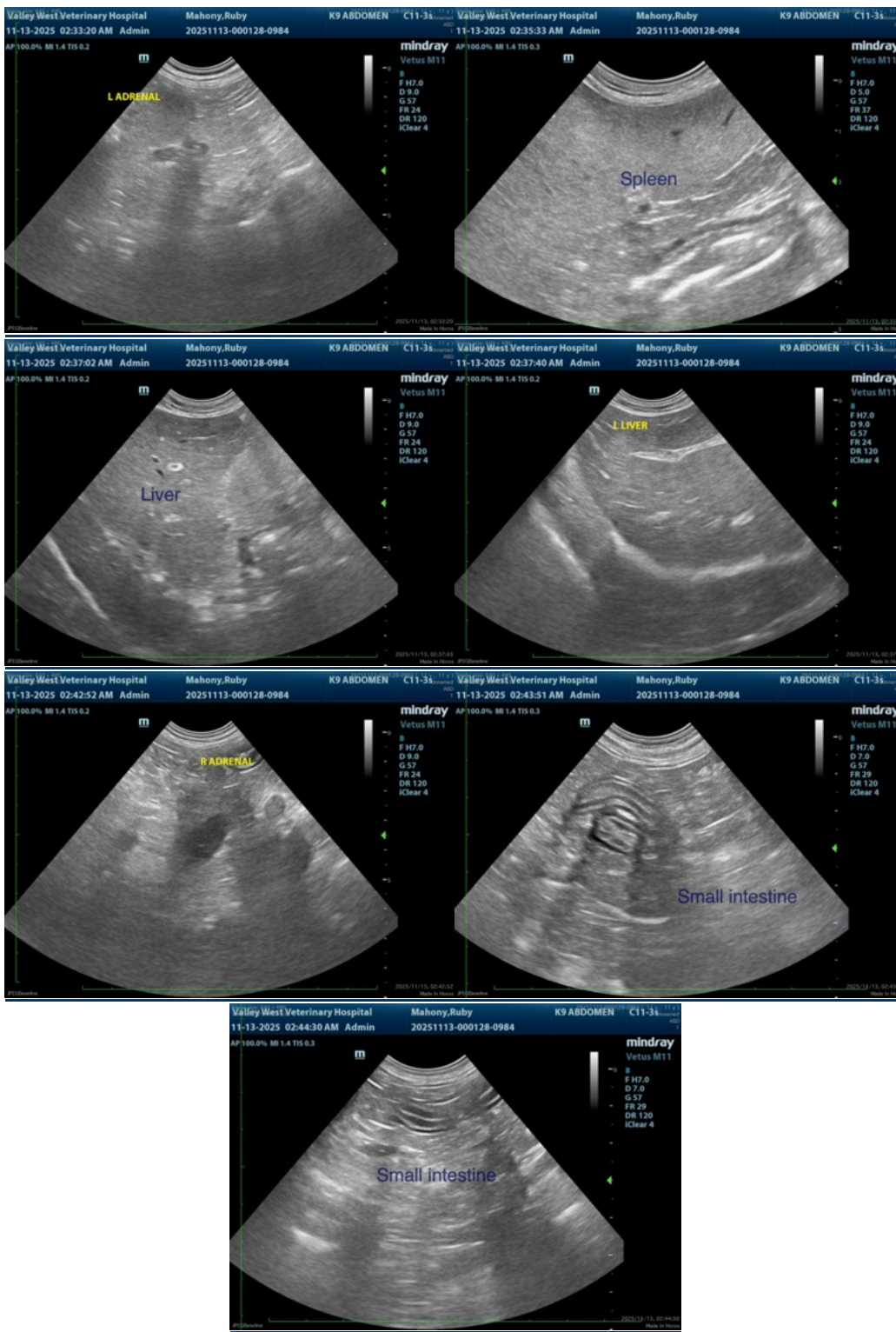
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The information and recommendations provided are based on the images presented by the



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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)