PATIENT

Guinea Crews

SPECIES

Canine

BREED

KCCS

SEX

Spayed Female

AGE

4 Years 11 Months

WEIGHT

30 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the High Country

REFERRING VET

Dr. Watson

INVOICE

71814

DATE

11/14/25

PRESENTING CLINICAL SIGNS

P presented for lethargy, diarrhea, PU/PD, urinating in the house. CPL elevated, Albumin 1.1, rec abd US

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 5.9 cm. Right kidney measures 5.0 cm. Normal color flow pattern evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 1.96 cm in length x 0.53 cm and 0.51 cm in width. Right measures 1.9 cm in length x 0.61 cm in width.

Spleen

Normal size (0.80 cm in width) 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.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

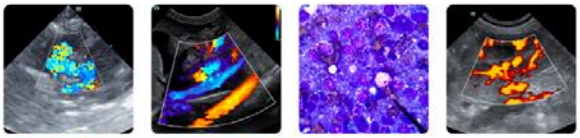
Gallbladder

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

Thickening of the duodenum (0.53 cm) and small intestine (up to 0.46 cm) was noted, with no loss of layering, maintaining a 1:3 muscularis to mucosa ratio, normal peristaltic activity, and no distention of the lumen. Faint mucosal thickening present within the duodenum. Diffuse mucosal fogging present in the small intestine.

Normal appearance of the stomach, 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.



SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948

PATIENT

Guinea Crews

SPECIES

Canine

BREED

KCCS

SEX

Spayed Female

AGE

4 Years 11 Months

WEIGHT

30 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the High Country

REFERRING VET

Dr. Watson

INVOICE

71814

DATE

11/14/25

Pancreas

Visible sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

Small amount of acellular ascites present.

Diffuse hyperechogenic appearance of the mesentery noted.

Small amount of pleural effusion present.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Mesenteric inflammation.
- Ascites.
- Pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the enteropathy would be primary lymphangiectasia, with dietary hypersensitivity, parasitic enteritis, and inflammatory bowel disease being less likely differential diagnoses. Lymphoma would be a highly unlikely differential diagnosis.

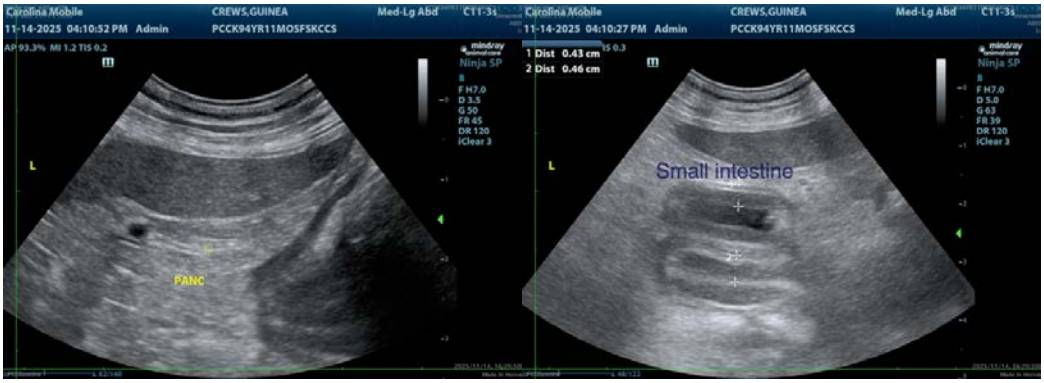
The mesenteric inflammation can be ascribed as secondary to the enteropathy.

The most likely etiology for the ascites and pleural effusion would be secondary to the hypoalbuminemia.

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

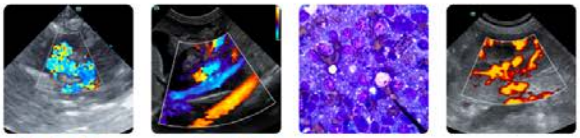
Specific therapy would be dependent on an etiological diagnosis.

Initial management would be feeding a low-fat intestinal type diet, cobalamin supplementation, course of Fenbendazole, and a course of Prednisolone. If there is not a satisfactory improvement, then changing the diet to a novel protein/hypoallergenic diet would then be recommended.



Carolina Veterinary Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND

SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Guinea Crews

SPECIES

Canine

BREED

KCCS

SEX

Spayed Female

AGE

4 Years 11 Months

WEIGHT

30 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the High Country

REFERRING VET

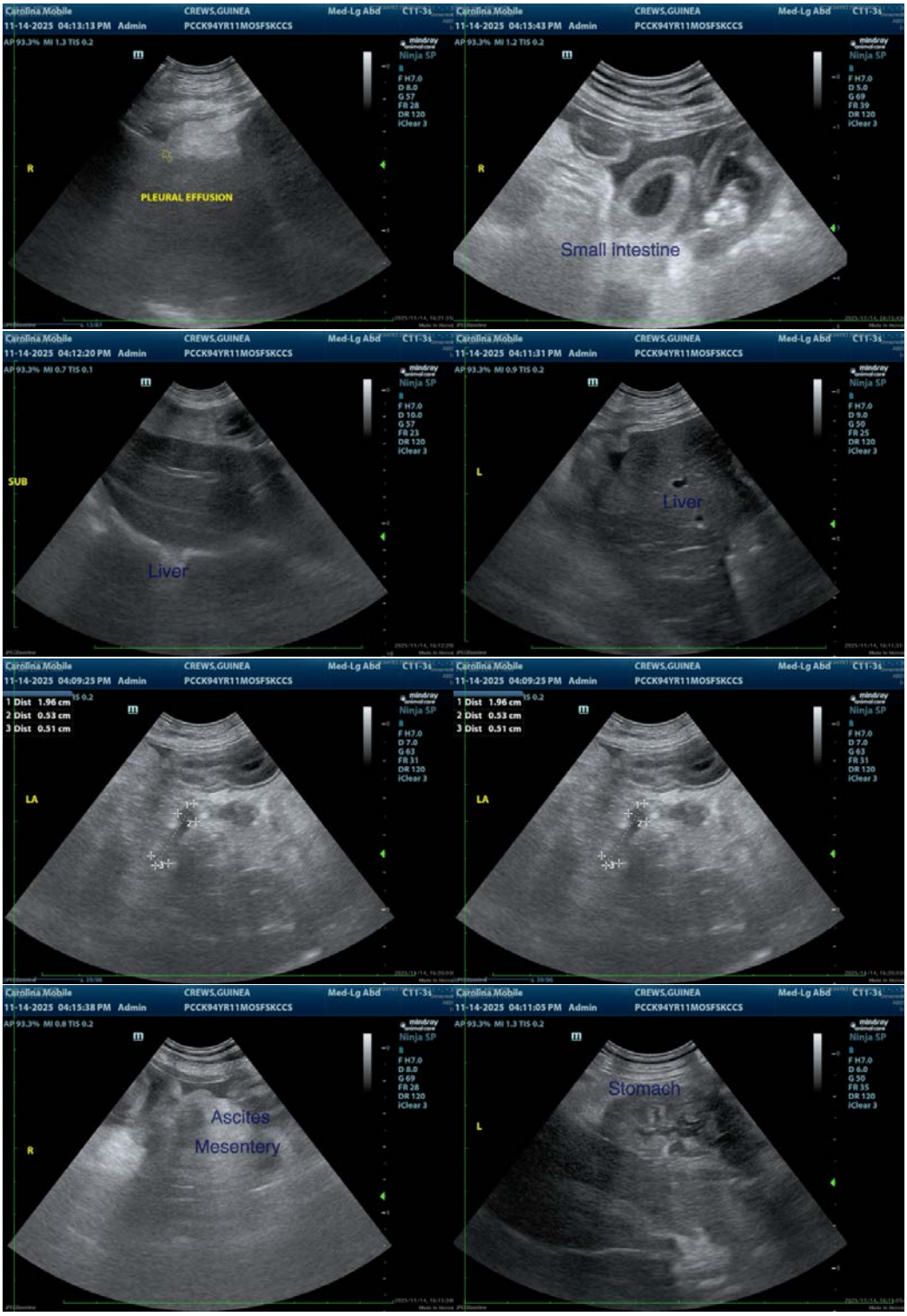
Dr. Watson

INVOICE

71814

DATE

11/14/25



PATIENT

Guinea Crews

SPECIES

Canine

BREED

KCCS

SEX

Spayed Female

AGE

4 Years 11 Months

WEIGHT

30 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the High Country

REFERRING VET

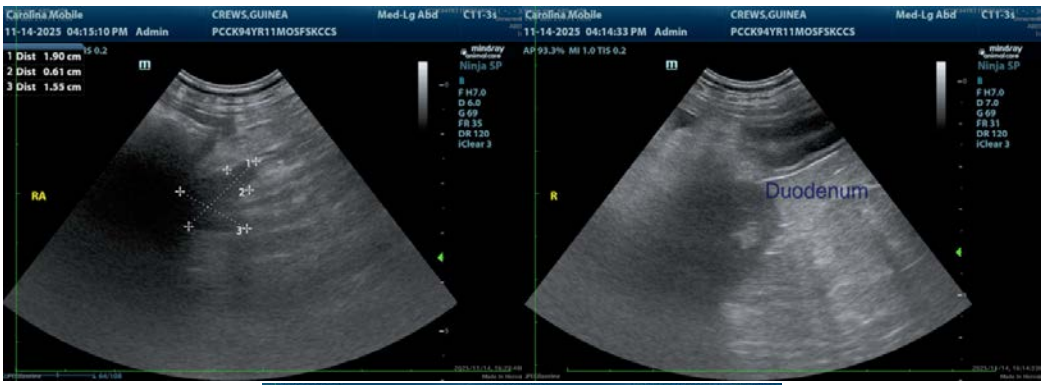
Dr. Watson

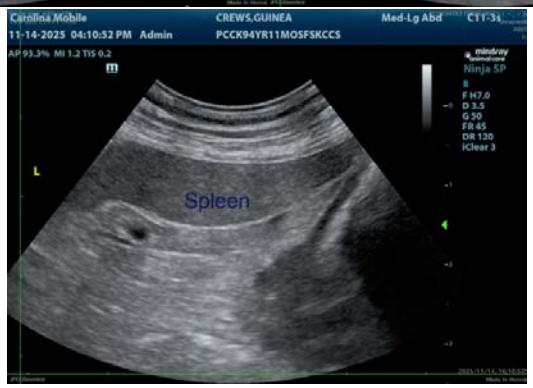
INVOICE

71814

DATE

11/14/25





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