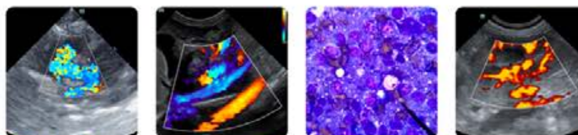


PATIENT
Libby Lu McHugh

SPECIES
Canine

BREED
Bernadoodle

SEX
Spayed Female

AGE
4.5 Years

WEIGHT
38.4 lbs

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

IMAGING PERFORMED BY
Dr. Gail Schmeider

HOSPITAL NAME
Slade Veterinary Hospital

REFERRING VET
Dr. Gail Schmeider

INVOICE
71827

DATE
11/14/25

PRESENTING CLINICAL SIGNS

Recurrent GI issues with diarrhea and vomiting. Per o, frequently has "juicy burps". GI panel WNL except elevated folate. Partially responsive to hypoallergenic diet.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small 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 measured 5.0 cm. Right kidney measured 5.1 cm. Normal color flow pattern evident in both kidneys.

Adrenal Glands

The right adrenal gland presents normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Right measures 0.46 cm in width.

The left adrenal gland is not clearly visualized but appears to be of normal shape, echogenic appearance and size.

Spleen

Normal size (2.1 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

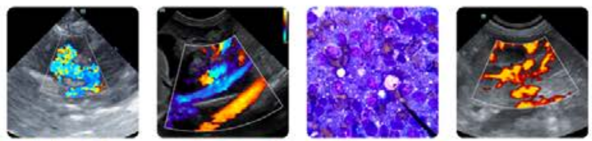
Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

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.



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Pancreas

Normal size and echogenic appearance. 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.

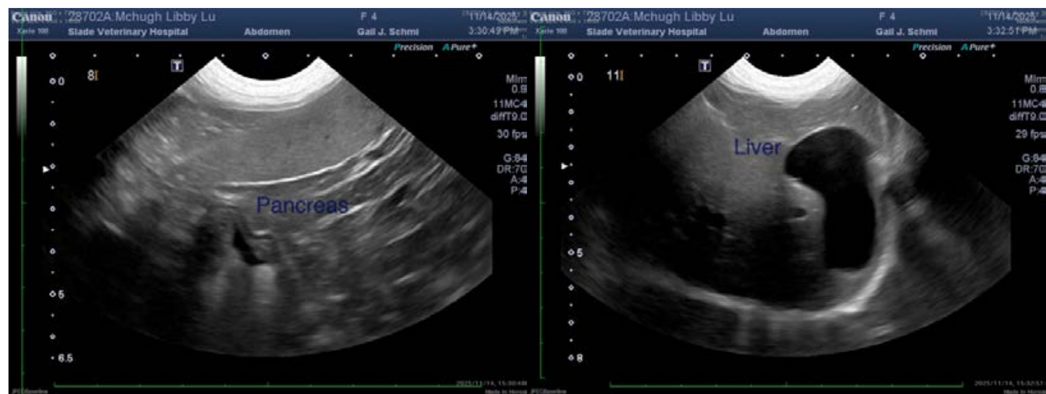
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

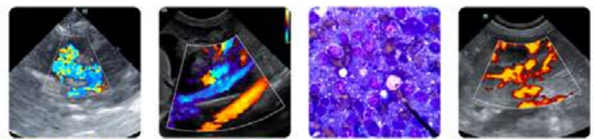
On this ultrasound there is no obvious etiology for the recurrent GI tract signs. Although the GI tract appears ultrasonographically normal, with the presenting clinical signs, an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity, inflammatory bowel disease, and intestinal dysbiosis should still be considered. Intestinal dysbiosis would be an important differential diagnosis, as a folate level is elevated.

Further assessment would include fecal analysis, possibly an intestinal dysbiosis index, and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Initial management would be to feed small frequent meals of an intestinal biome diet, and a course of Fenbendazole. If there is still not a satisfactory improvement, then changing the diet back to the hypoallergenic and adding a course of Prednisolone would then be indicated.





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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