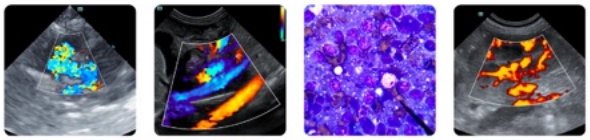


PATIENT

Kipling Orr

SPECIES

Canine

BREED

Coonhound

SEX

Neutered male

AGE

8 years

WEIGHT

50.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Olsen, VMD

HOSPITAL NAME

Limestone VH

REFERRING VET

Dr. Olsen

INVOICE

68773

DATE

11/18/25

PRESENTING CLINICAL SIGNS

History: Patient presented on 8/21/25 for a 6 week history of eating less. O described what sounded like oral pain (patient seemed hungry but would turn away from food, more willing to eat soft food, made more of a mess dropping food at his bowl). Exam unremarkable, treated with a course of clindamycin and carprofen for possible dental disease and no improvement was noted. Bloodwork unremarkable. On 9/18, recheck bloodwork also unremarkable and patient was sedated for a dental. Oral exam and x-rays showed no significant dental disease other then a few areas of gingival hyperplasia which were removed and confirmed on biopsy. Rechecked on 10/16 confirmed good healing of sites where gingival hyperplasia was removed but patient had started with diarrhea. Fecal negative. Sent home GI biome to no improvement. Now, O noticed continued weight loss, appetite now very decreased and only willing to eat high value table treats, occasional vomiting, still having diarrhea. Confirmed patient was fasted for 12 hours prior to abdominal ultrasound.
Abnormal PE/Chem/CBC/UA Results: Normal CBC/Chem/T4 on 8/21 Normal Chemistry on 9/18 Negative Fecal on 10/16

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.

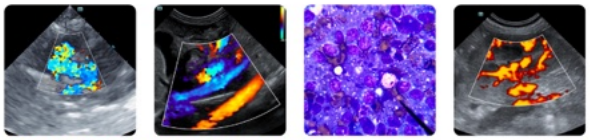
Normal renal size (left measured 5.5 cm, right measured 5.1 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.44 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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. Focal, hypoechogenic parenchymal nodule was noted in the body of the spleen measuring 0.6 x 1.1 cm in size. The spleen measures 1.5 cm in width.



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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.

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 moderate amount of ingesta was present in the stomach. Fecal material was present in the colon.

Pancreas

The pancreas was not clearly visualized, but 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

Enlarged mesenteric lymph nodes measuring up to 1.5 x 3.5 cm in size with a hyperechogenic appearance, but maintaining normal shape.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenomegaly.
- Splenic nodule.
- Ingesta filled stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the mesenteric lymphadenomegaly would be reactive hyperplasia, lymphadenitis and infiltrative neoplasia.

Etiologies for the splenic nodule would be incidental, reactive hyperplasia/extramedullary hemopoiesis, hematoma, granuloma and possibly emerging neoplasia.

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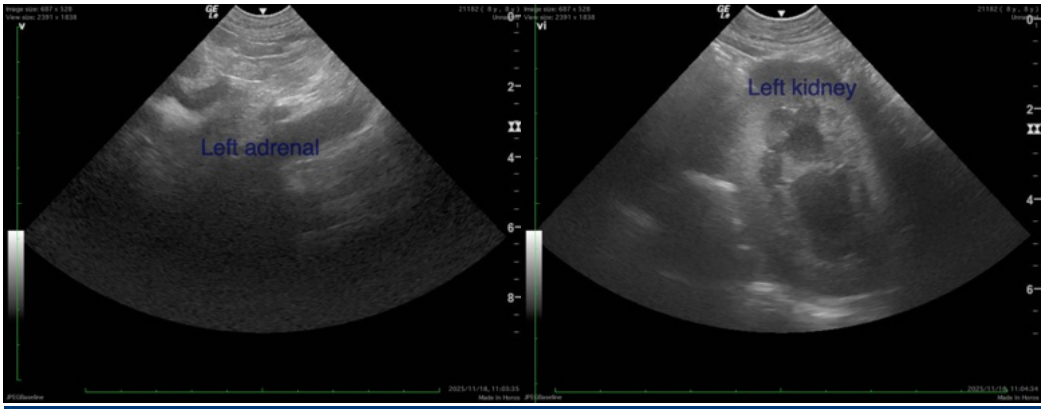
As the patient was fasted prior to the ultrasound, the ingesta filled stomach is an abnormality with possible etiologies being gastric hypomotility secondary to enteropathy such as dietary hypersensitivity and inflammatory bowel disease and low-grade pancreatitis.

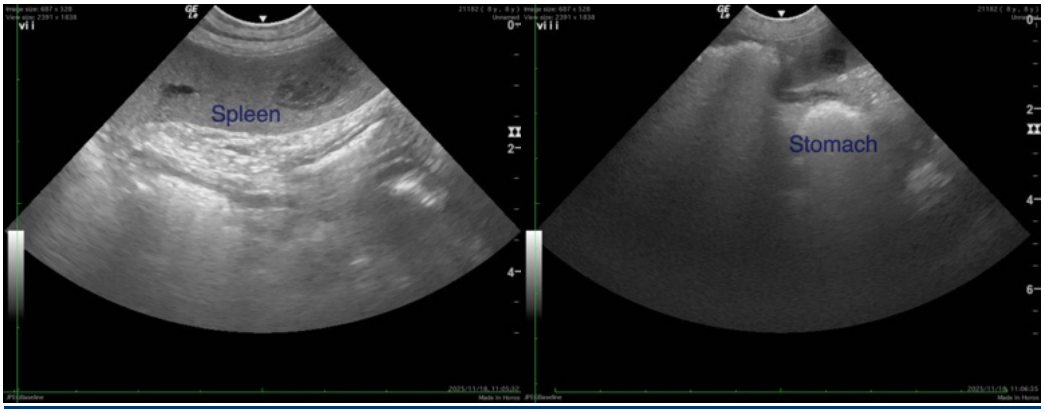
With the presenting clinical signs, atypical Addison's disease should be considered.

Further assessment would be cobalamin, folate and CPL assay, basal cortisol and/or an ACTH stimulation test, FNA cytology of the mesenteric lymph nodes and possibly endoscopy of the upper GI tract with biopsies.

Monitoring of the splenic nodule is recommended and if there is any progressive enlargement or bulging of the overlying capsule noted, then a splenectomy should be considered.

Specific therapy would be dependent on an etiological diagnosis.





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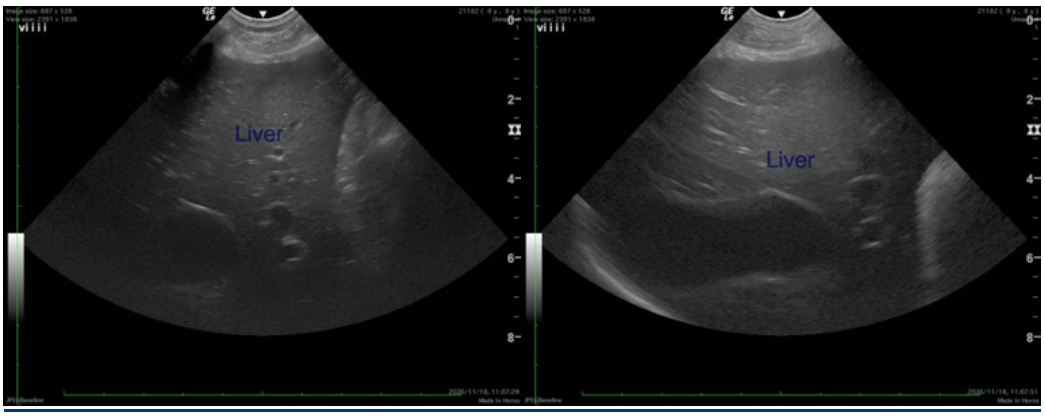

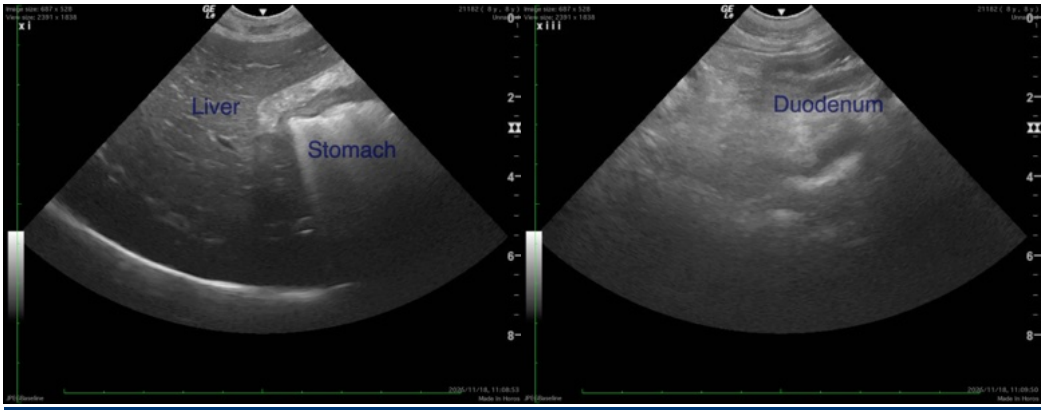

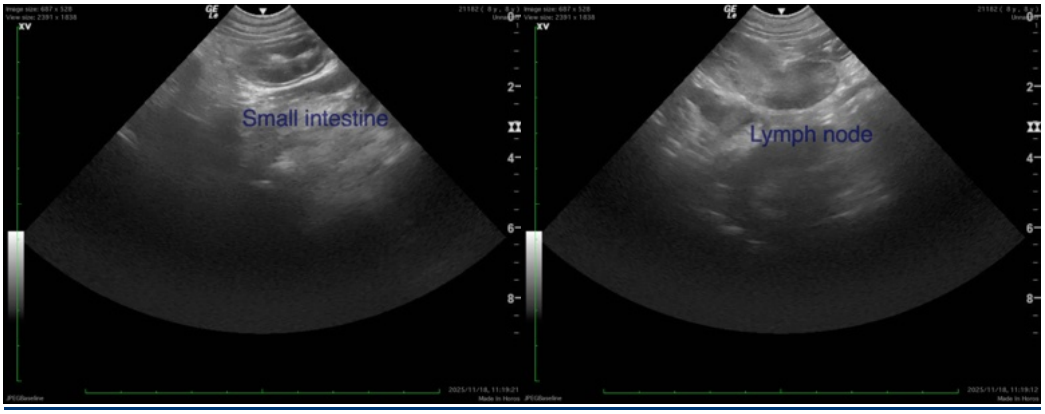

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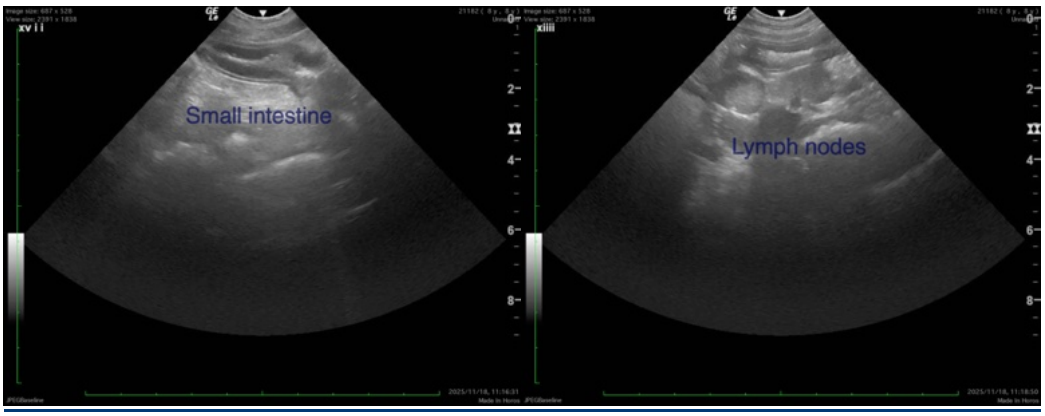

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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