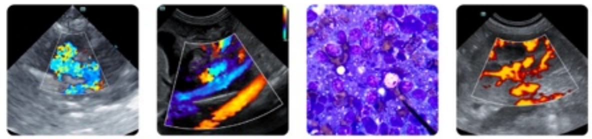


PATIENT

Luica Ford-Evans

SPECIES

Canine

BREED

Newfoundland

SEX

Spayed female

AGE

11 years

WEIGHT

124 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessy Butcher

HOSPITAL NAME

Healing Paws

REFERRING VET

Dr. Klickman

INVOICE

68280

DATE

11/3/25

PRESENTING CLINICAL SIGNS

History: 2-3 month hx diarrhea, likely more small intestinal location though may have episodes of large intestinal diarrhea. Lower energy overall. Several episodes of vomiting (3 weeks ago, this week), otherwise no vomiting. Did remove 2 cm metal ball from rectum during exam. Also has been lame on left hind leg for 2 weeks, will improve then worse again. Has been on Purine EN, probiotics since diarrhea started with no change. Rads 07/2024- early hip dysplasia Recurrent gastroenteritis, tylan responsive since adolescence Suspected allergies Hx bronchitis/pneumonia when adolescent Hx puppy strangles Hx of "immune disorder" when puppy, not specified and no current treatments (unsure if referring to strangles)
Abnormal PE/Chem/CBC/UA Results: temp 103, otherwise unremarkable Exam. Abd rads- no more metal objects noted, possible mass lesion mid-abdomen (vs normal structure?) Superchem Glu 53 (70-138) Rest WNL CBC WBC 37.8 (4-15.5) Neut 29,862 (2060-10600) Lymph 6426 (690-4500) Mono 1512 (0-840) Rest WNL UA USG 1.052 Prot 2+ UPC 0.1 (<0.5) Rest WNL Cortisol 4 (1-5) Accuplex neg x 4 Keyscreen Eimeria Rest neg

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.

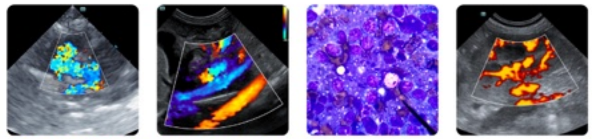
Normal renal size (left measured 6.8 cm, right measured 7.4 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.52 cm and 0.48 cm in width. The right adrenal gland measured 0.75 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 2.2 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.

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.

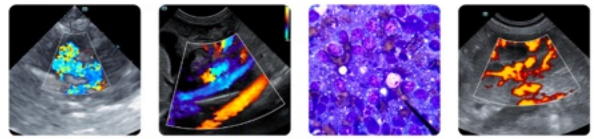
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Although the GI tract appears ultrasonographically normal with the patient's history and underlying enteropathy such as dietary hypersensitivity and inflammatory bowel disease should still be considered with exocrine pancreatic insufficiency and antibiotic responsive enteropathy differential diagnosis.

Further assessment would be cobalamin, folate and TLI 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, cobalamin supplementation and possibly a course of Prednisolone.



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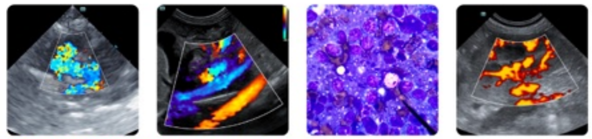

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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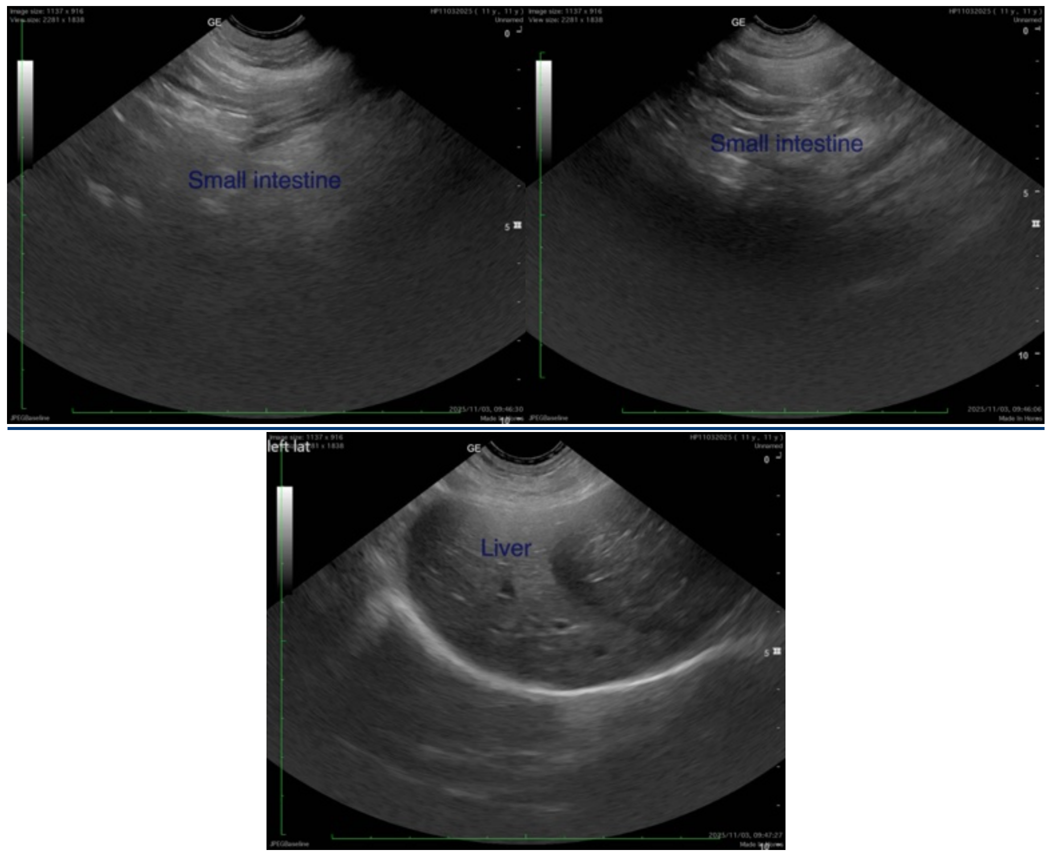

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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