SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

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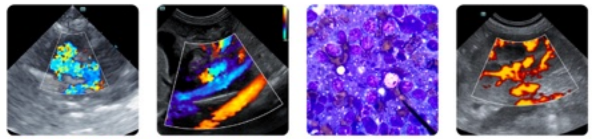


Clinical Sonography & Telecytology

Educational Teleconsultation Services™

PATIENT

Chester Pickle

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Neutered male

AGE

3 years

WEIGHT

15.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Juel Shamitko

HOSPITAL NAME

Carlisle Small Animal VC

REFERRING VET

Dr. Morrison

INVOICE

69315

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: Intermittent diarrhea since adopting Chester earlier this year, non-regenerative anemia. Normal cortisol and negative fecal. P currently on fluoxetine. Primary concern PLE vs liver shunt vs other.
Abnormal PE/Chem/CBC/UA Results: CBC RBC 5.79 (5.8-8.95) * was 5.37 on 10/24/25; Hct 41.4% (41-60.1) * was 38.6, Normocytic, normochromic, non-regenerative anemia Chem: TP 5.8 (5.5-7.5) * was 5.8; Alb 3.2 (2.7-3.9) * was 3.2; Glob 2.6 (2.4-4) * was 2.6

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 4.2 cm, right measured 4.3 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.

The prostate is small and hypoechogenic.

Adrenal Glands

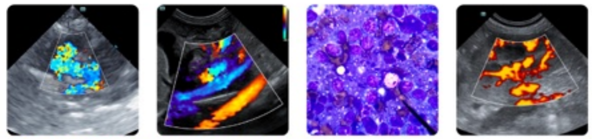
The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.56 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measures 1.1 cm in width.

Liver

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



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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. Fecal material is present in the colon.

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

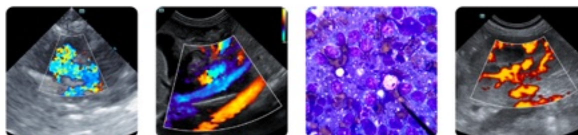
On this ultrasound there is no obvious etiology for the presenting clinical signs.

Although the GI tract appears ultrasonographically normal, with the presenting clinical signs an underlying enteropathy such as dietary hypersensitivity, inflammatory bowel disease and exocrine pancreatic insufficiency should be considered.

Further assessment would be cobalamin, folate and TLI assay and endoscopy of the upper 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 if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.



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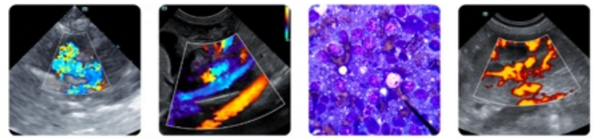

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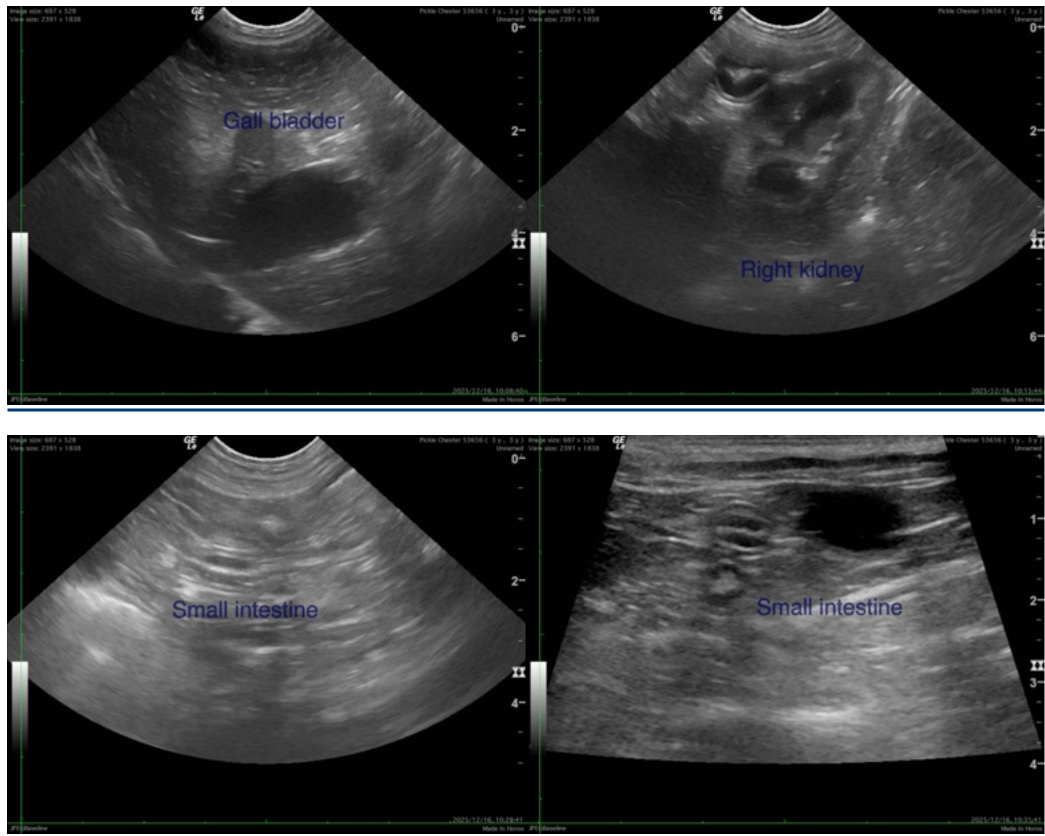

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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