



## PATIENT

Koda Montgomery

## SPECIES

Canine

## BREED

Husky Mix

## SEX

Neutered male

## AGE

5 years

## WEIGHT

159 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Cameron Johnson,  
DVM

## HOSPITAL NAME

Craig Road AH

## REFERRING VET

Dr. Johnson

## INVOICE

69432

## DATE

12/18/25

## PRESENTING CLINICAL SIGNS

**History:** Koda, a 5-year-old 9mo male neutered husky mix, presenting for a recheck regarding P's history of straining to defecate. O states since last being seen, the straining has gotten worse where P may produce stool after 30-60 minutes of straining. The stool consistency when defecating feels the same consistency as play-dough per O. O states the probiotic initially sent home with P has not helped overall with the tenesmus. Vitals: - Weight: 159 lbs - Temperature: UTO - Heart Rate: 185 bpm - Respiratory Rate: Pant

## 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 7.0 cm, right measured 6.8 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.

The prostate is small and hypoechogenic.

### *Adrenal Glands*

The adrenal glands were not visualized.

### *Spleen*

The spleen was diffusely enlarged and measured 5.0 cm in width, but maintained normal echogenic appearance, smooth homogenous parenchyma and a regular curvilinear capsule.

### *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.



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## *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 was 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

- Splenomegaly.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenomegaly would be reactive hyperplasia with splenitis and infiltrative neoplasia a highly unlikely differential diagnosis.

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

With the presenting clinical signs, underlying colonic disease or intrapelvic pathology needs to be considered.

Etiologies for possible colonic disease would be idiopathic colitis, granulomatous disease and parasitic with neoplasia a highly unlikely differential diagnosis.

Further assessment would be fecal analysis, rectal palpation and colonoscopy.

A CT scan of the pelvic may also be indicated.

Specific therapy would be dependent on an etiological diagnosis.



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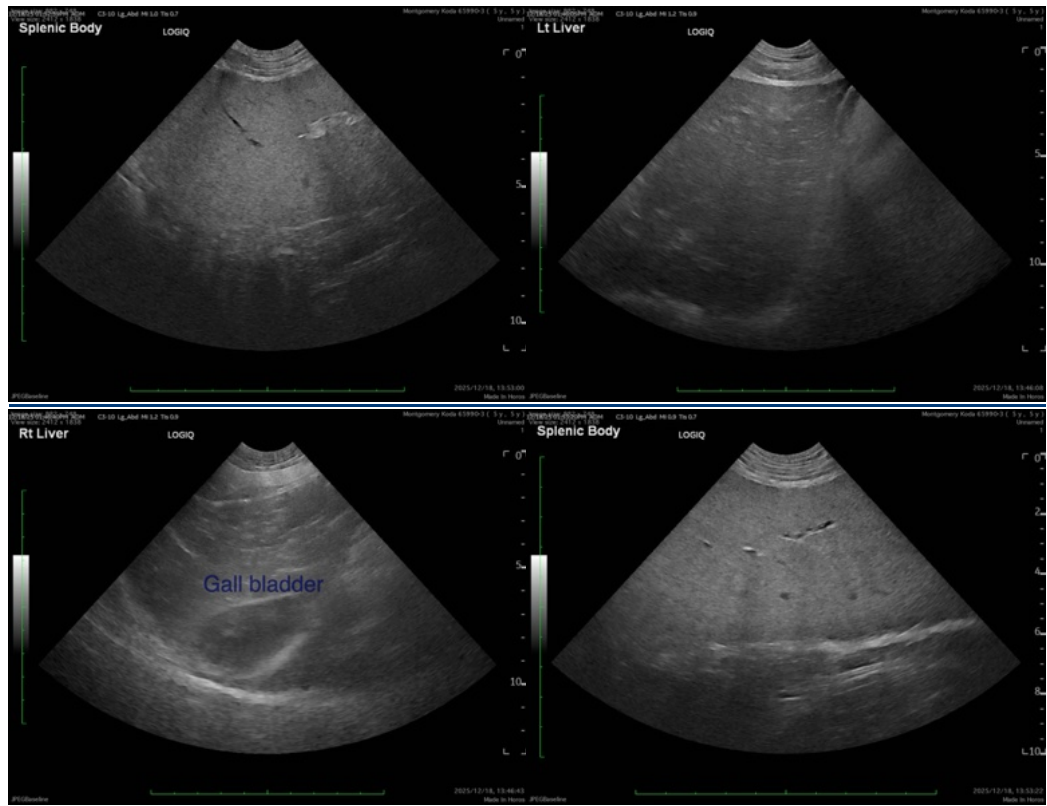
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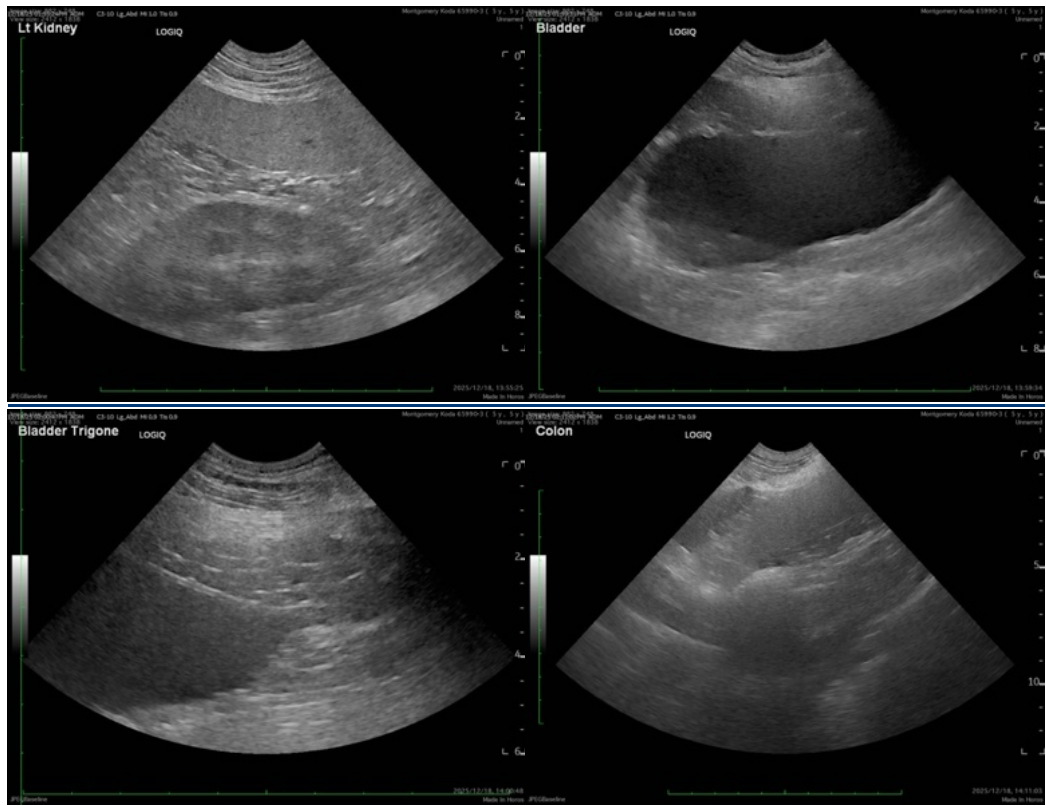
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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