



PATIENT

Sugar Fagge

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

1 Year

WEIGHT

19.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Lake Brandt

REFERRING VET

Dr. Wallace

INVOICE

72703

DATE

12/18/25

PRESENTING CLINICAL SIGNS

P was spayed in September. Owner states P has ravenous appetite, PU/PD, stranguria, acute large bowel diarrhea since food change. up all night vocalizing, very nervous. Owner concerned for Cushings, owner states all symptoms started after spay. P has adverse drug reactions to prednisone, trazodone, gabapentin

Abnormal PE/Chem/CBC/UA Results: WBC 4.9, Neu 2.8, ALKP 697, usg 1.051, urine trace protein 2+ blood, rods urine culture no growth

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full 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 measures 5.1 cm. Right kidney measures 4.8 cm. Normal color flow pattern evident in both kidneys.

Reproductive System

Visible uterine stump with a normal appearance and size, measuring 0.60 cm. Normal appearance of the tissue surrounding the stump.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 2.25 cm in length x 0.50 cm and 0.45 cm in width. Right measures 1.44 cm in length x 0.54 cm in width.

Spleen

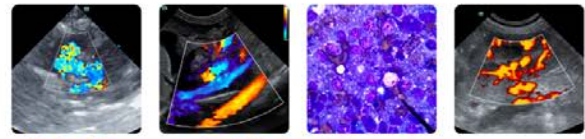
Normal size (1.4 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

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 a small amount of non-adhered but dependent hyperechogenic sediment. 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. Moderate amount of ingesta present in the stomach. Fecal material present in the colon. Colon wall measures 0.20 cm.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. Right pancreas measures 0.90 cm in width.

Free Abdomen

Normal mesenteric lymph nodes.
 No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

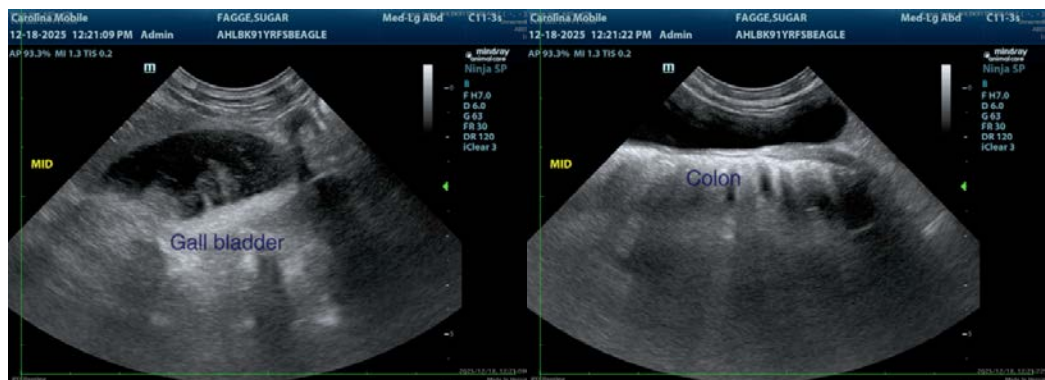
On this ultrasound, there is no obvious etiology for the presenting clinical signs. With a USG of 1.051, PU/PD would be highly unlikely.

Etiologies for the large bowel diarrhea would be dietary indiscretion, parasites, and stress induced.

Further assessment would include fecal analysis.

Management that could be considered would be feeding a low-fat intestinal type diet and the use of intestinal absorbents/protectants.

Although the gallbladder sediment is most likely an incidental finding, it may be contributing to the elevated ALP activity. Management of the gallbladder that could be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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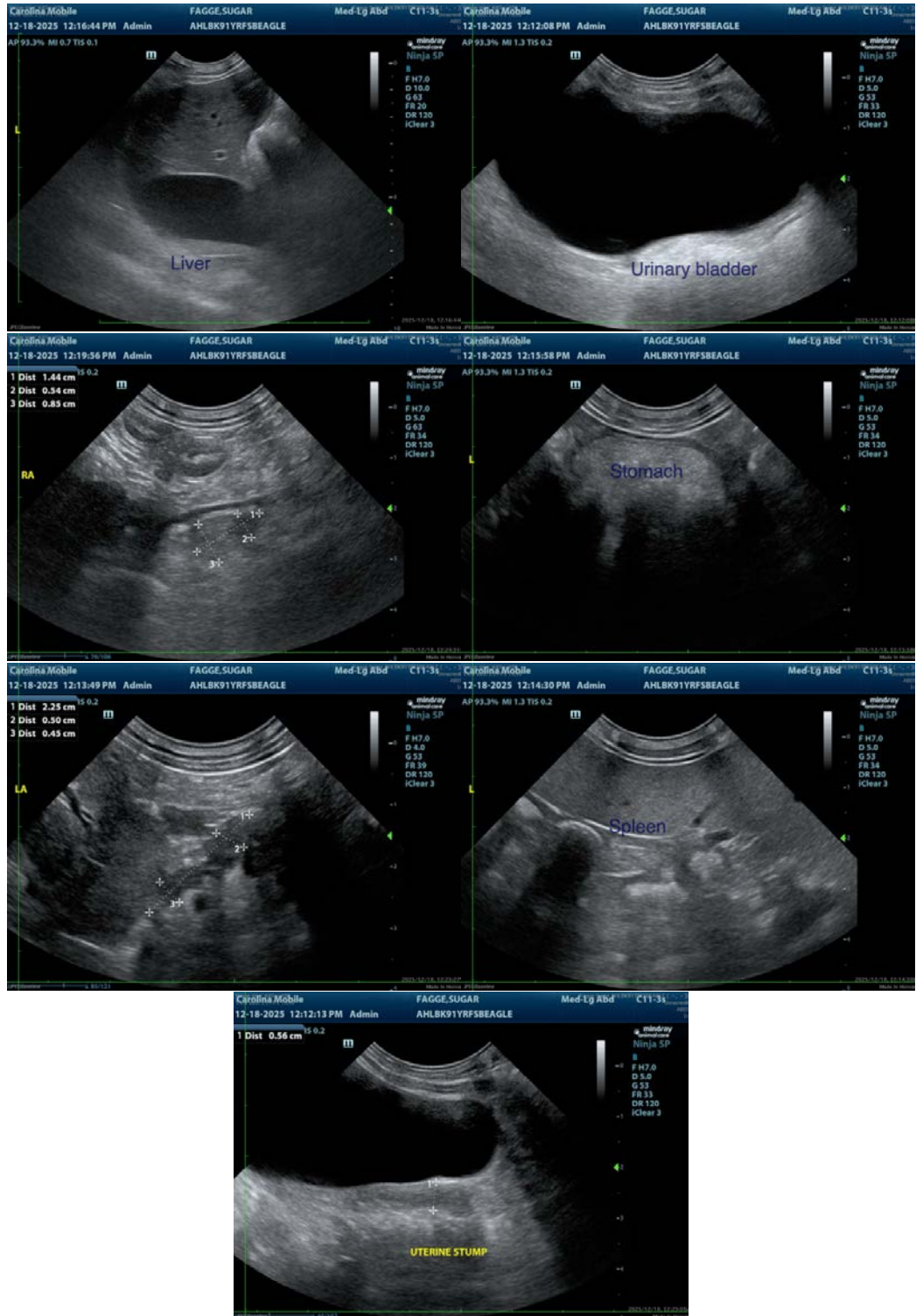
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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