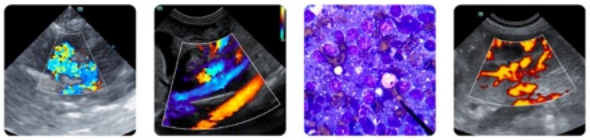


PATIENT

Buddy Valleri

SPECIES

Canine

BREED

Rhodesian Mix

SEX

Male

AGE

8 years

WEIGHT

56.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Vetererinay Service

REFERRING VET

Dr. Richard Parsons

INVOICE

71634

DATE

2/17/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Total T4 0.5. Patient is ADR on and off since October. Weight loss, low energy.
- Sent out Texas GI panel plus cortisol on February 9th.
- Tried low Levothyroxine dose 0.2 mg/day as a trial on January 14, 2026.
- O reports chronic soft stool and weight loss (3lbs in 3 weeks)
- The patient is uncomfortable in the cranial abdomen
- MEDICATIONS: Discontinued thyro tabs, making P worse
- Famotidine 5mg BID
- 1/D Diet
- Previous Lab Work: - Total T4: 0.5 - Nucleated red blood cells suspected. - ALT: 151 U/L - Cholesterol: 378 mg/dL - Albumin: 3.8 g/dL (high normal) - Urine specific gravity: 1.026 - Small number of RBCs - TSH not provided. Texas GI Panel Results: - TLI (fasting): >50 ug/L (unlikely to be clinically important) - PLI: Consistent with pancreatitis. - Cobalamin: 378 ng/L (low end of reference interval) - Folate: 11.2 ug/L (within reference range) - Cortisol: 2.2 ug/dL (excludes hypoadrenocorticism unless patient has recently received steroids)

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.

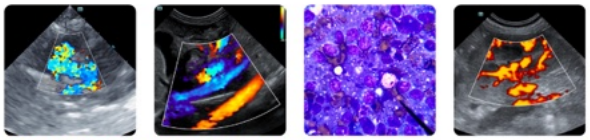
Normal size and appearance of the prostate measuring 2.5 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.63 cm in length x 0.74 cm and 0.66 cm in width. The right adrenal gland measured 2.99 cm in length x 0.86 cm and 0.78 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.



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No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.7 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Small, focal, hypoechogenic parenchymal nodule measuring 0.7 cm in size. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing a small amount of non-adhered, hyperechogenic sediment. 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 small amount of ingesta is present within the stomach compatible with a recent meal.

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. The left pancreas measured 0.8 cm in width.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatic nodule.
- Gallbladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatic nodule would be an incidental nodular hyperplasia.

The gallbladder sediment can be considered an incidental finding.

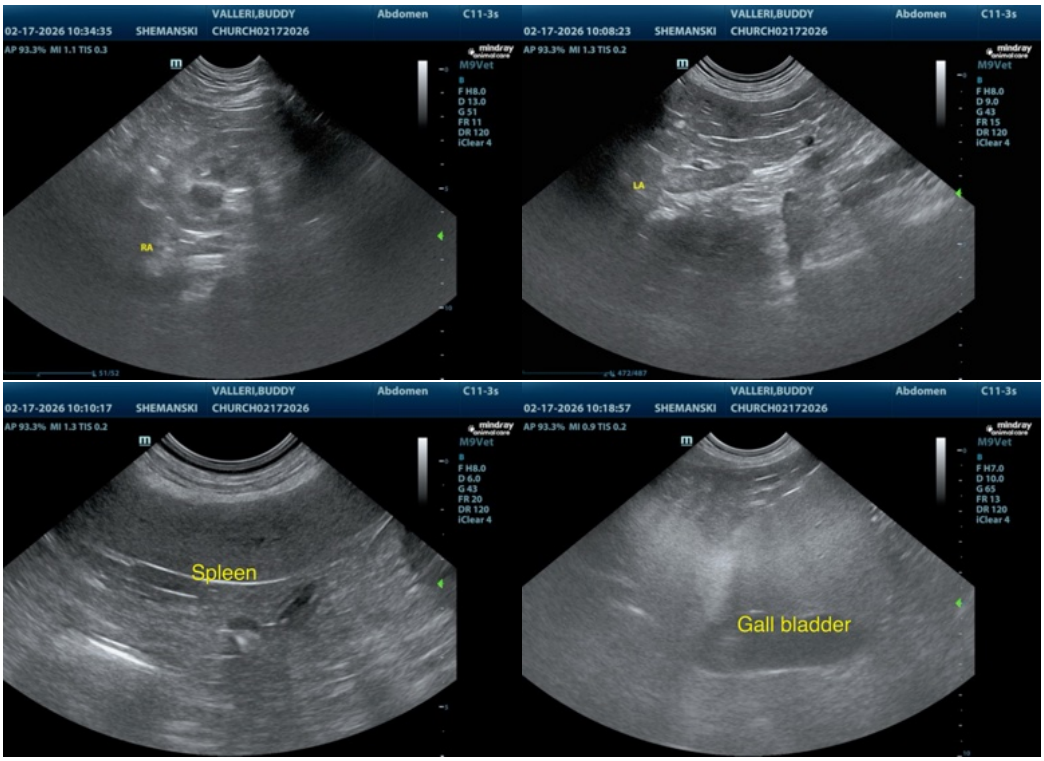
On this ultrasound there is no obvious etiology for the presenting clinical signs.

Although the GI tract appears ultrasonographically normal with the presenting clinical signs and the previously low normal cobalamin level, parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease needs to be considered.

Further assessment would be fecal analysis, cobalamin 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, course of Fenbendazole and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.



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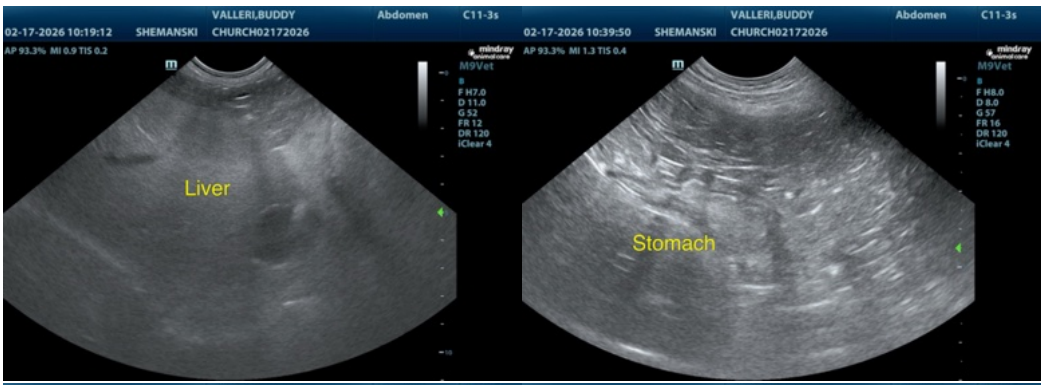

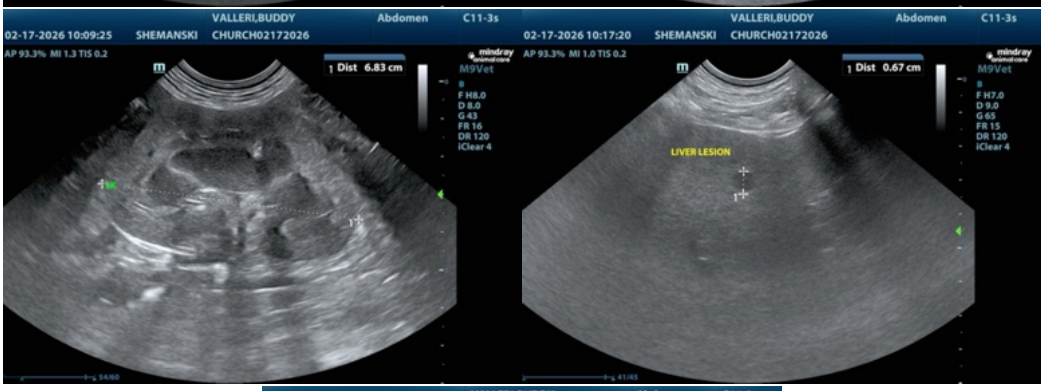

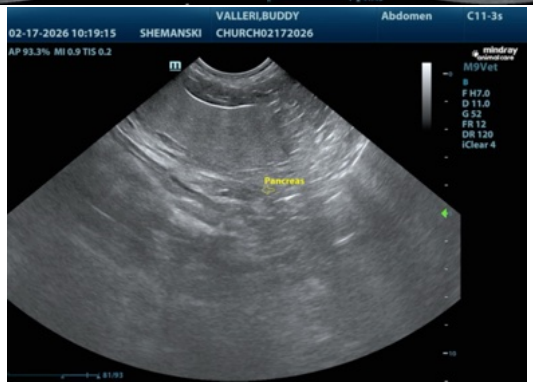

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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