



## PATIENT

Cinnamon Bum  
Schwindt

## SPECIES

Canine

## BREED

Maltese Mix

## SEX

Spayed female

## AGE

13 years

## WEIGHT

6.7 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Corbeil

## HOSPITAL NAME

Cochrane AC

## REFERRING VET

Dr. Corbeil

## INVOICE

71720

## DATE

2/19/26

## PRESENTING CLINICAL SIGNS

- 1mo hx lethargy and weight loss. This week licking everything and chewing plywood. Anemia (new) - cause of anemia not apparent on workup thus far. Iron deficiency? See results below
- Medications:
  1. monthly librela injection for arthritis
  2. Started Pimobendan 0.25mg/kg PO q12hr yesterday for mitral valve disease stage B2 - La: Ao 1.8, Grade 4/6 L sided heart murmur, no coughing
- Lab work Feb 18th: Hematocrit 0.207 L/L rr 0.373- 0.617 Moderate anemia, regenerative with low hemoglobin, low mcv, low mch. Mild increase RDW, with low retic hemoglobin Reticulocytes 136.9 K/ $\mu$ L rr 10- 110 Lymphocytes 0.90  $\times 10^9$ /L rr 1.05- 5.1 Platelets upper normal at 480 with increased plateletcrit 0.60 Negative saline agglut test in house Chem - normal Total T4 19 nmol/Lrr 13- 51 No evidence external or internal blood loss. No GI symptoms Lateral chest and abdomen radiograph no significant findings.

## 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 4.8 cm, right measured 5.4 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. A few, small, incidental cortical cysts are present in both kidneys.

### Adrenal Glands

The adrenal glands are bilaterally mildly enlarged, but maintained normal echogenic appearance, shape and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.88 cm in length x 0.48 cm and 0.69 cm in width. The right adrenal gland measured 2.24 cm in length x 0.62 cm and 0.75 cm in width. A small, hyperechogenic nodule measuring 0.2 cm in size in the caudal pole of the left adrenal gland.

### 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 1.0 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 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*

Thickening of the wall at the pylorus measuring 0.7 cm with a hypoechogenic appearance and showing some loss of layering. The gastric wall is of normal thickness and maintained a 1:3 muscularis to mucosa ratio and showed no loss of layering. A small amount of ingesta is present in the stomach compatible with a recent meal. Normal appearance of the 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 visible in the colon.

## *Pancreas*

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

- Pyloric thickening
- Bilateral adrenomegaly
- Left adrenal nodule
- Gallbladder sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the pyloric thickening would be chronic gastritis, pyloric hyperplasia, Helicobacter gastritis and possibly emerging neoplasia.



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The most likely etiology for the adrenomegaly would be age related reactive hyperplasia or disease stress with emerging pituitary dependent Cushing's disease an unlikely differential diagnosis.

The left adrenal nodule can be considered an incidental, non-functional adenoma.

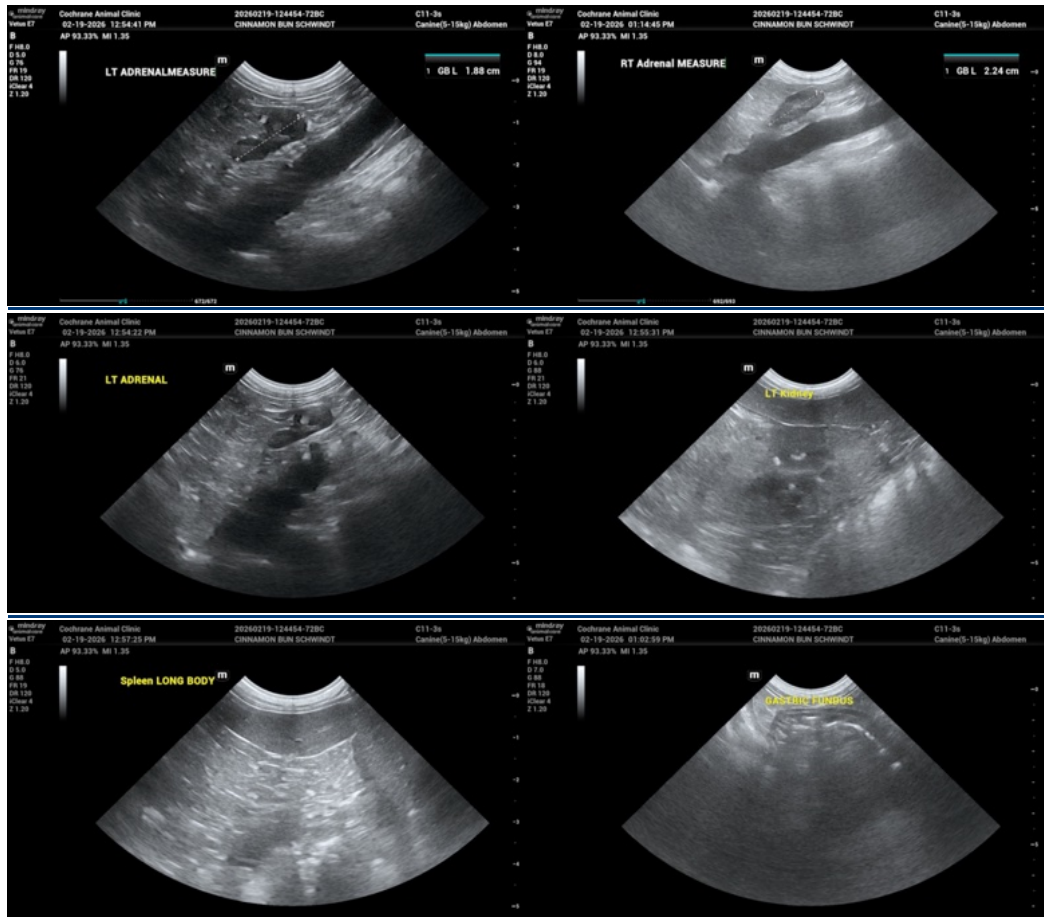
The gallbladder sediment is most likely an incidental finding.

With the hypochromic microcytic regenerative anemia and the platelets at the upper end of normal, gastric hemorrhage would be an important consideration and most likely associated with the pyloric thickening.

Further assessment would be gastroscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be gastric protectants (Sucralfate, Omeprazole).





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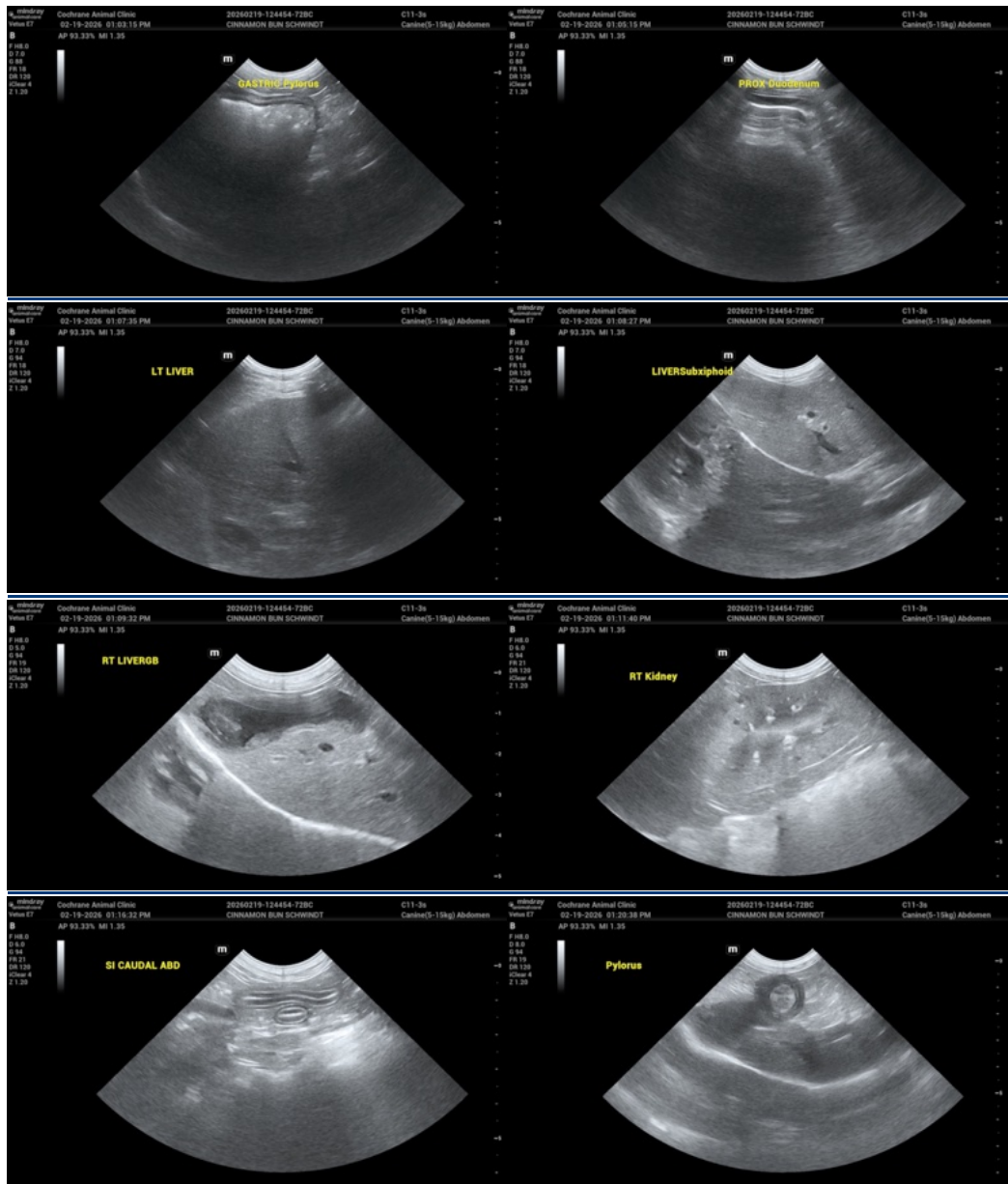
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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