**PATIENT**

Milo Murcia

**SPECIES**

Canine

**BREED**Cavalier King Charles  
Mix**SEX**

Male

**AGE**

1 Year 5 Months

**WEIGHT**

20.3 pounds

**INTERPRETED BY**Remo Lobetti, BVSc,  
MMedVet (Med), PhD,  
Dipl. ECVIM (Internal  
Medicine)**IMAGING  
PERFORMED BY**Denise Bruno, LVT,  
RDMS**HOSPITAL NAME**

Hugo's Pet Vet Clinic

**REFERRING VET**

Dr. Hugo Goenaga

**INVOICE**

13551

**DATE**

02/02/26

**PRESENTING CLINICAL SIGNS**

- Vomiting and diarrhea x 3 days. Owner states dog ate Silicone attached to pet toy. Evaluate for possible foreign body. X-rays attached. Giardia Neg.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

Small 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. The left kidney measured 4.8 cm in length. The right kidney measured 5.4 cm in length. Normal color flow pattern was evident in both kidneys.

Normal size and appearance of the prostate measuring 1.5 cm x 2.7 cm. Normal size and appearance of the bilateral testicles. The left measured 2.9 cm in length. The right measured 3.1 cm in length.

**Adrenal Glands**

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 1.93 cm in length and 0.45 cm and 0.64 cm in width. The right adrenal gland measured 2.11 cm in length and 1.43 cm and 0.45 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured X cm in width. The spleen measured 1.4 cm in width.

**Liver**

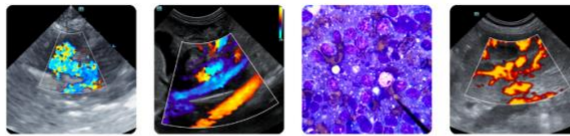
Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

**Gallbladder**

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. A moderate amount of fluid was present within the stomach and proximal



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small intestines. Corrugated appearance of the proximal small intestine. Liquid fecal material present within the colon. The small intestine measured up to 0.38 cm.

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**Pancreas**

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.

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**Free Abdomen**

Enlarged mesenteric lymph nodes measuring up to 0.50 cm x 1.5 cm in size maintaining a normal shape and echogenic appearance.

**SEX**

Male

No ascites evident.

**AGE**

1 Year 5 Months

**ULTRASONOGRAPHIC FINDINGS**

- Gastroenteropathy.
- Mesenteric lymphadenopathy.

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Likely etiologies for the gastroenteropathy would be dietary indiscretion, toxins and viral, with parasitic disease a possible differential diagnosis. The most likely etiology for the mesenteric lymphadenomegaly would be reactive hyperplasia, secondary to the gastroenteropathy.

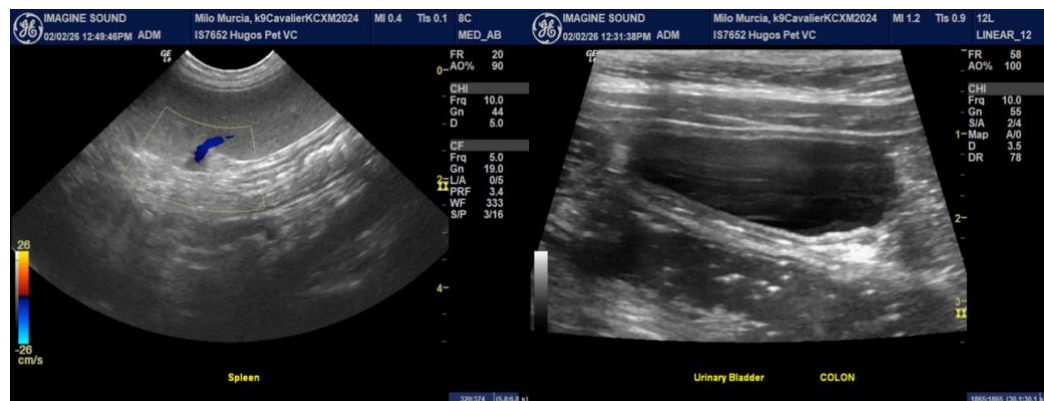
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Further assessment that could be considered would be FNA cytology of the mesenteric lymph nodes. Symptomatic management would be fluid therapy as needed, correction of any electrolyte anomalies, antiemetics, intestinal absorbance, stroke protectants, and feeding small frequent meals of the low-fat intestinal type diet.

**IMAGING  
PERFORMED BY**

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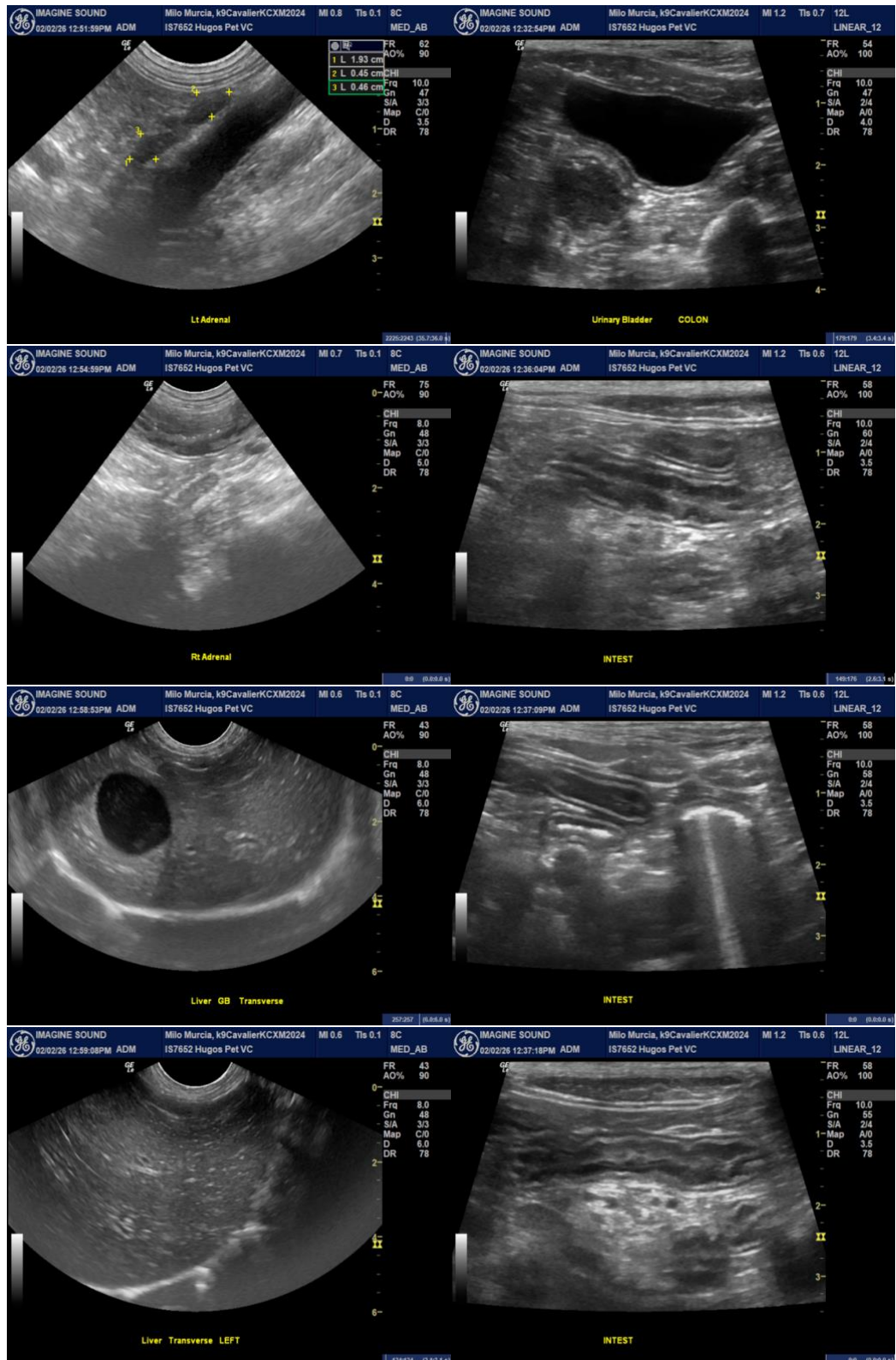
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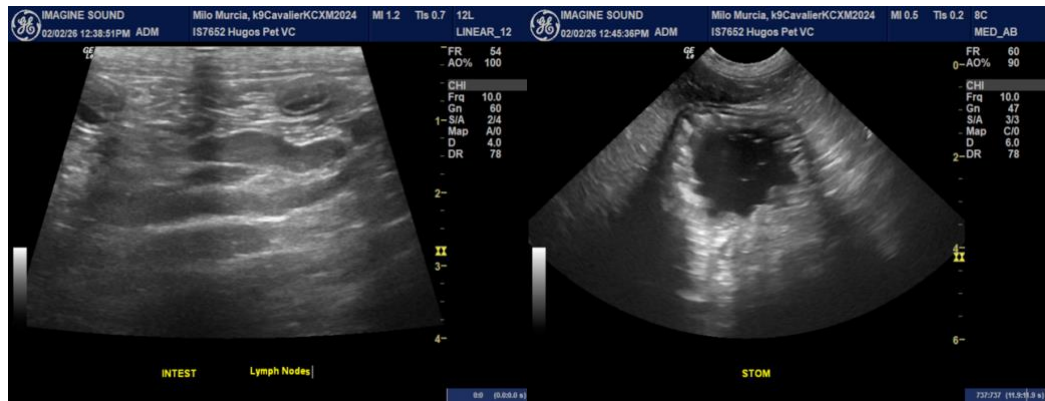
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

[info@sonopath.com](mailto:info@sonopath.com)