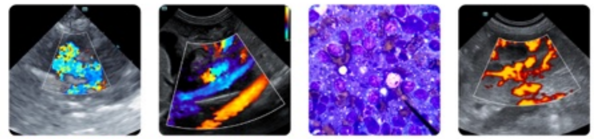


PATIENT
Olive Hart

SPECIES
Canine

BREED
Greater Swiss Mountain Dog

SEX
Spayed female

AGE
2 years

WEIGHT
91 lbs

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

IMAGING PERFORMED BY
Brian Klug

HOSPITAL NAME
Sondel Family VC

REFERRING VET
Dr. Frankenthal

INVOICE
71108

DATE
2/2/26

PRESENTING CLINICAL SIGNS

- issues with chronic giardia and chronic GI issues but had been well controlled with OTC diet. last week Weds, started vomiting and persisted into Thursday. Friday was back to normal. vomiting started again on Saturday night. rads and BW at ER unremarkable. still not wanting to eat. having diarrhea, can't seem to rest comfortably and settle. will eat a small amnt of food but very little. vomiting resolved but diarrhea persistent as well as hyporexia. is on Visbiome, Sucralfate, and Ondansetron. recheck rads show decreased serosal detail in cranial abdomen. no obvious FB but just in general, rads don't look normal.....hx of gastropexy in September 2025 when she had OVH performed
- Mildly low Na and mildly low K mild hypoproteinemia

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 7.4 cm, right measured 7.0 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.

Adrenal Glands

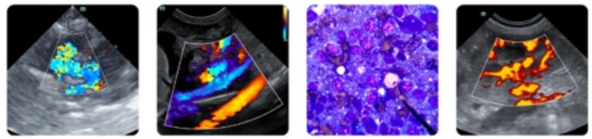
The adrenal glands are small in size and dorsoventrally flattened, but maintained a normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.34 cm and 0.44 cm in width. The right adrenal gland measured 0.4 cm and 0.37 cm in width.

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 2.5 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.



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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.

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 ingesta was present within the stomach compatible with a recent meal. Duodenum measured 0.57 cm, small intestine measured up to 0.44 cm.

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

Enlarged mesenteric lymph nodes measuring up to 1.4 x 4.6 cm in size with a normal shape, but a hyperechogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenomegaly.
- Bilateral small adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

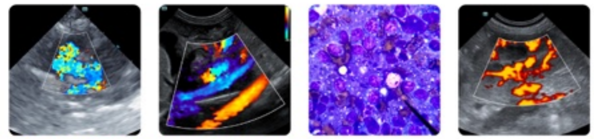
Etiologies for the mesenteric lymphadenomegaly would be reactive hyperplasia secondary to the chronic intestinal disease with infiltrative neoplasia and lymphadenitis a less likely differential diagnosis.

Although the appearance of the adrenal glands may merely be an incidental finding, with the patient's presenting history atypical Addison's disease needs to be considered.

Although the GI Tract appears ultrasono9graphically normal, with the presenting clinical signs, an underling enteropathy such as dietary hypersensitivity, inflammatory bowel disease and possibly exocrine pancreatic insufficiency should still be considered.

Further assessment would be cobalamin, folate. TLI and basal cortisol assay, endoscopy of the upper gastrointestinal tract with biopsies and possibly FNA cytology of the mesenteric lymph nodes.

ACTH stimulation test may also be required.



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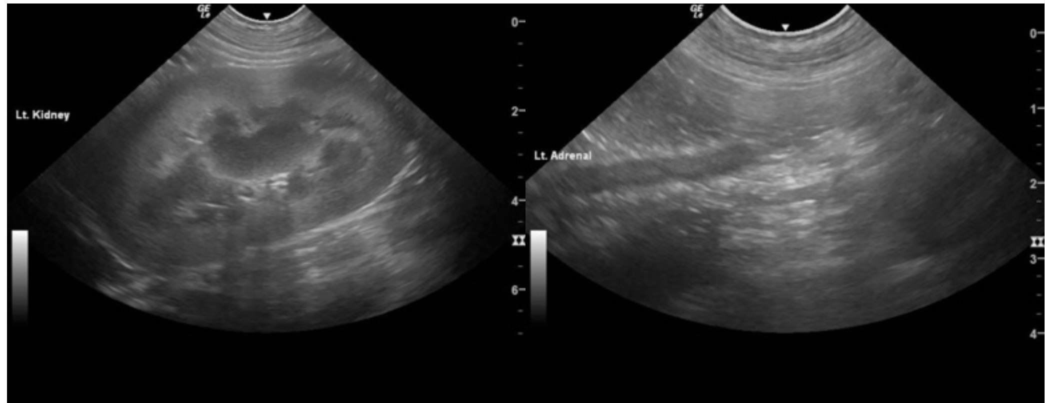
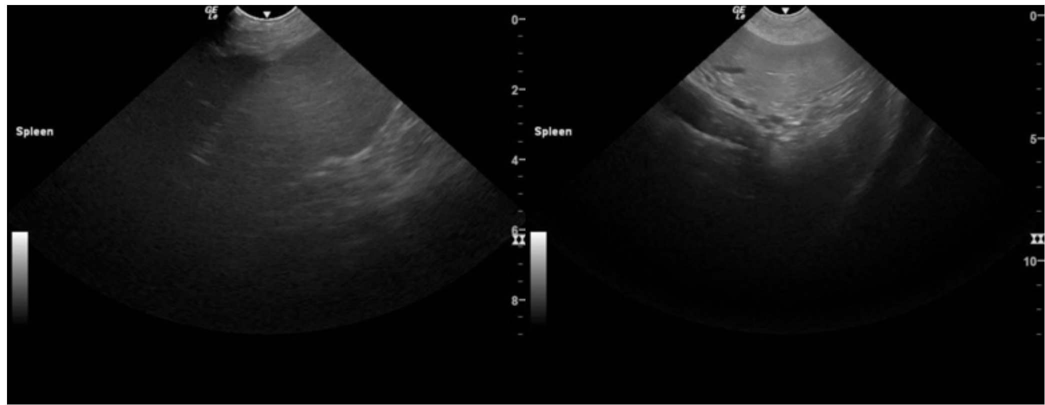
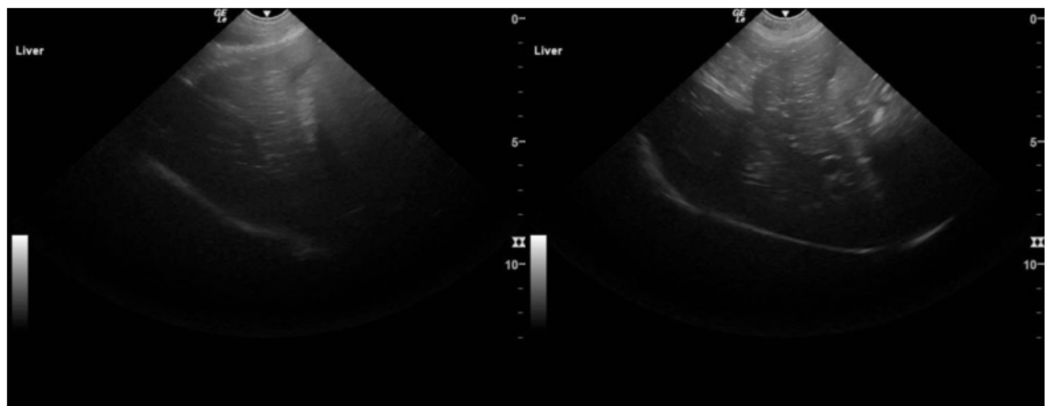
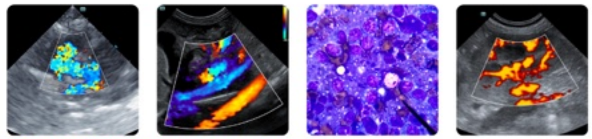
Specific therapy would be dependent on an etiological diagnosis.









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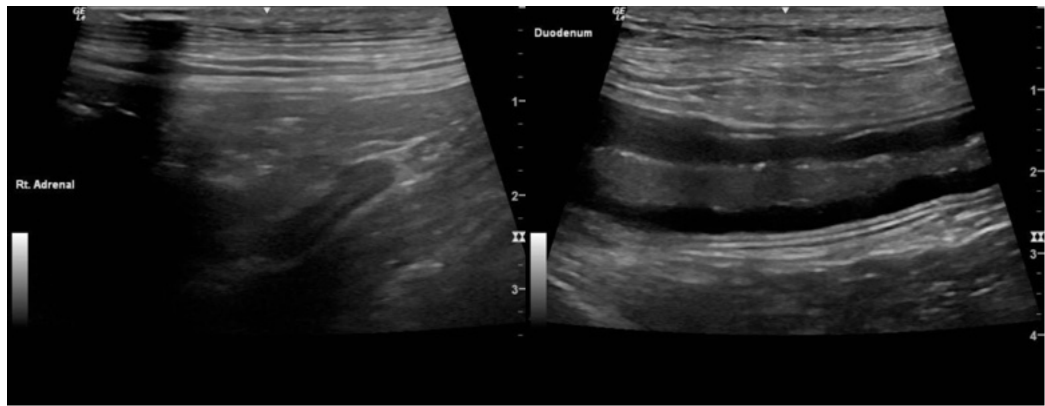

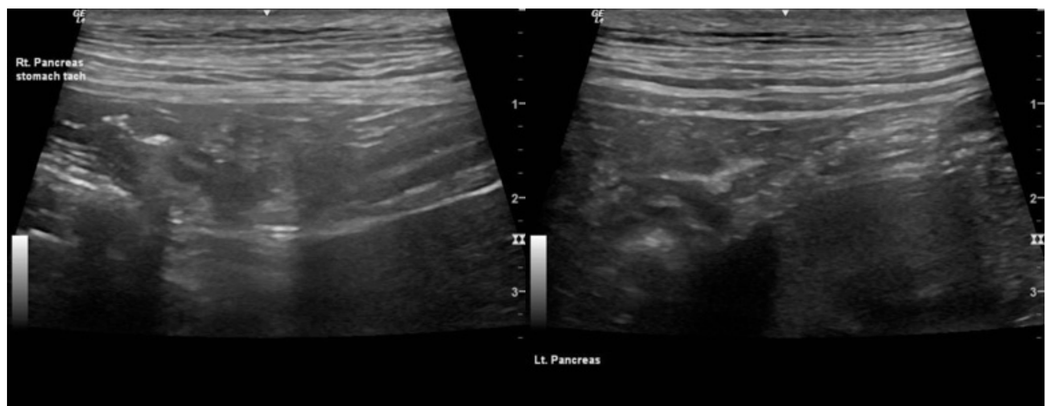

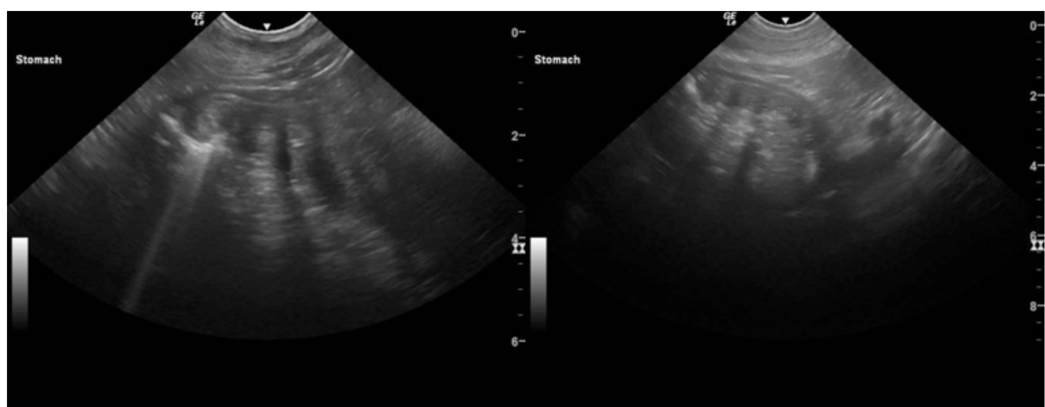

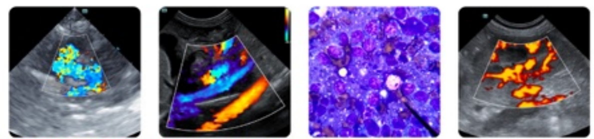

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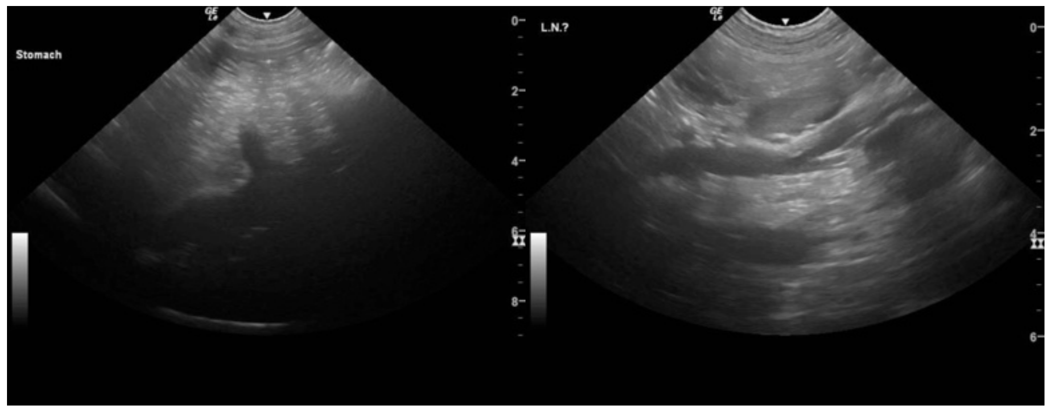

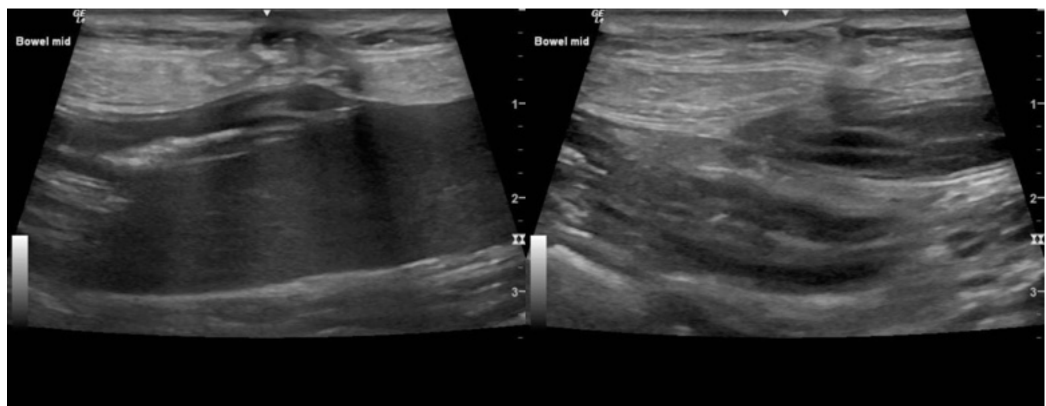

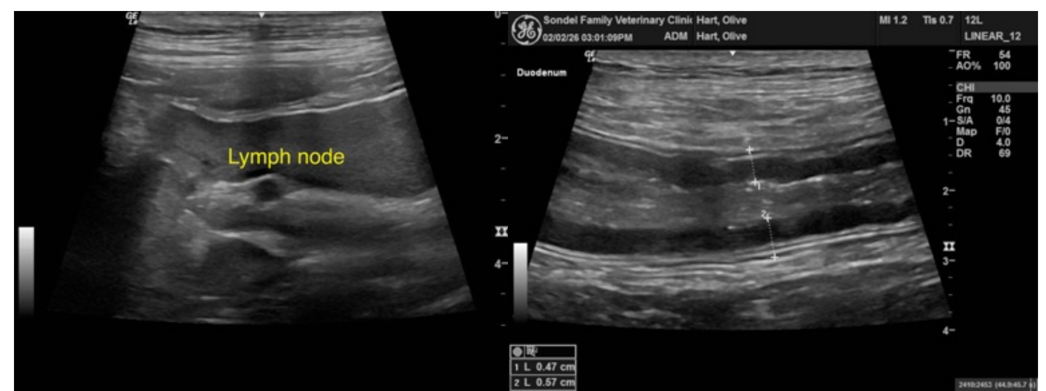

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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