



## PATIENT

Gilmore Crue Ellis

## SPECIES

Canine

## BREED

English Springer  
Spaniel

## SEX

Neutered Male

## AGE

7

## WEIGHT

20.1 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Louise Corbeil

## HOSPITAL NAME

Cochrane Animal Clinic

## REFERRING VET

Dr. Louise Corbeil

## INVOICE

73127

## DATE

2/20/26

## PRESENTING CLINICAL SIGNS

Presented for abd ultrasound for chronic diarrhea, weight loss, hyporexia, lethargy, abdominal discomfort. No vomiting. Won't eat kibble so giving home cooked.

Meds: metronidazole, Fortiflora.

Feb 19 started Tylosin 300mg PO TID; Gabapentin 200mg PO BID-TID, Emavert Injection SQ and Vit B12 0.5mL SQ

Abnormal PE/Chem/CBC/UA Results: Recheck CBC chem UA Feb 20th: Lymphocytes  $0.98 \times 10^9/L$  rr 1.05- 5.1 UA - Free Catch - Specific Gravity 1.020, yellow - White Blood Cells 2 /HPF, Red Blood Cells 25 /HPF mild hematuria Glucose 4.06 mmol/L rr 4.11- 7.95 Urea (BUN) 11.0 mmol/L rr 2.5- 9.6 Potassium 3.3 mmol/L rr 3.5 5.8

## 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. Left kidney measures 6.4 cm. Right kidney measures 6.1 cm. Normal color flow pattern evident in both kidneys.

### *Reproductive System*

Small, hypoechogenic prostate.

### *Adrenal Glands*

The left adrenal gland presents normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measured 2.03 cm in length x 0.49 cm and 0.65 cm in width.

The right adrenal gland was not clearly visualized but appears to be of normal shape, echogenic appearance and size.

### *Spleen*

Normal size (2.2 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.



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## 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

A focal irregular, hypoechoic small intestinal mass is noted measuring approximately 3.0 cm x 4.0 cm in size, with no luminal obstructive evidence. Normal appearance of the stomach, 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 present within the colon.

## Pancreas

Visible section presents normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

## Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

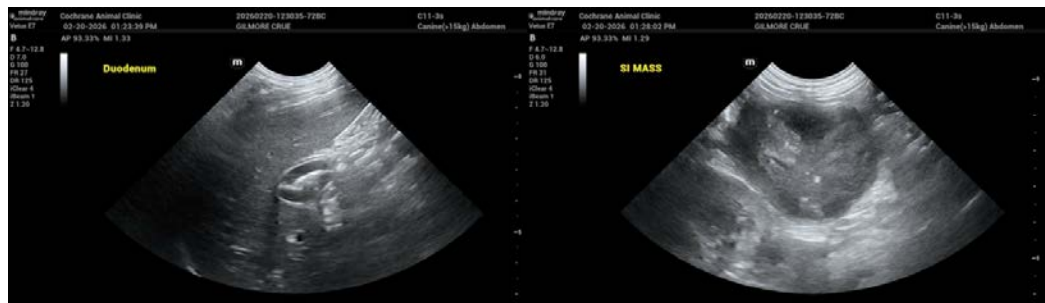
- Small intestinal mass.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the small intestinal mass would be neoplasia, with granulomatous disease and focal perforation unlikely differential diagnoses.

Further assessment would include 3-view thoracic radiographs and FNA cytology of the mass.

Laparotomy should be considered, as it could be both diagnostic and therapeutic, with further specific therapy dependent on an etiological diagnosis.







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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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