



PATIENT

River Morris

SPECIES

Canine

BREED

Goldendoodle

SEX

Male

AGE

10 Months

WEIGHT

29.5 Pounds

INTERPRETED BY

Remo Lobetti BVSc,
MMedVet, PhD,
DECVIM

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York VS

REFERRING VET

Bella DeGelorm, DVM

INVOICE

35915

DATE

2/20/26

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Concern for IBD or other intestinal disease.

History: Patient presents for chronic diarrhea since October 2025.

Initial treatment with Endosorb, FortiFlora, metronidazole, and Purina EN failed.

Switching to a wet hydrolyzed (HA) diet provided some, but incomplete, improvement.

Diarrhea recently worsened severely (every 1-2 hours, at night) after transitioning to dry HA food, which the owner suspects is due to a corn allergy.

The diarrhea resolved after eliminating the dry food. Other signs include infrequent vomiting (with fasting), gassiness, frequent/urgent defecation (6-7 times/day), and failure to "fill out," though weight is maintained. All fecal tests for parasites have been negative, and there is no history of blood in the stool.

Owner notes Burping as well as flatulence.

MEDICATIONS: Heartgard plus; Purina HA prescription diet

Abnormal PE/Chem/CBC/UA Results: Sodium 154 mmol/L 144 160 Potassium 4.4 mmol/L 3.5 5.8 Albumin 3.1 g/dL Neutrophils * 5.28 K/ μ L 2.95 11.64 * Lymphocytes * 4.49 K/ μ L 1.05 5.1 * Monocytes * 0.59 K/ μ L 0.16 1.12 * Eosinophils * 0.56 K/ μ L 0.06 1.23 * Basophils * 0.02 K/ μ L 0.1

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 size and appearance of the prostate.

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 5.4 cm. The right kidney measured 5.6 cm. Normal color flow pattern was evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 2.0 cm in length x 0.35 cm and 0.32 cm in width. The right adrenal gland measured 1.87 cm in length x 0.49 cm and 0.4 cm in width.

Spleen



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Normal size (1.8 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.

SPECIES

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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.

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Gallbladder

Small gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

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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. Fecal material present within the colon.

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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

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

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

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ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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, an underlying enteropathy such as inflammatory bowel disease and dietary hypersensitivity should still be considered. Atypical Addison's and exocrine pancreatic insufficiency would be two differential diagnoses. Further assessment would be cobalamin, folate, basal cortisol, and TLI assay, and endoscopy of the upper GI tract with biopsies. Specific therapy would be dependent on an etiological diagnosis. Symptomatic management that could be considered would be to continue with a hypoallergenic diet, cobalamin supplementation, and possibly add a course of prednisolone.



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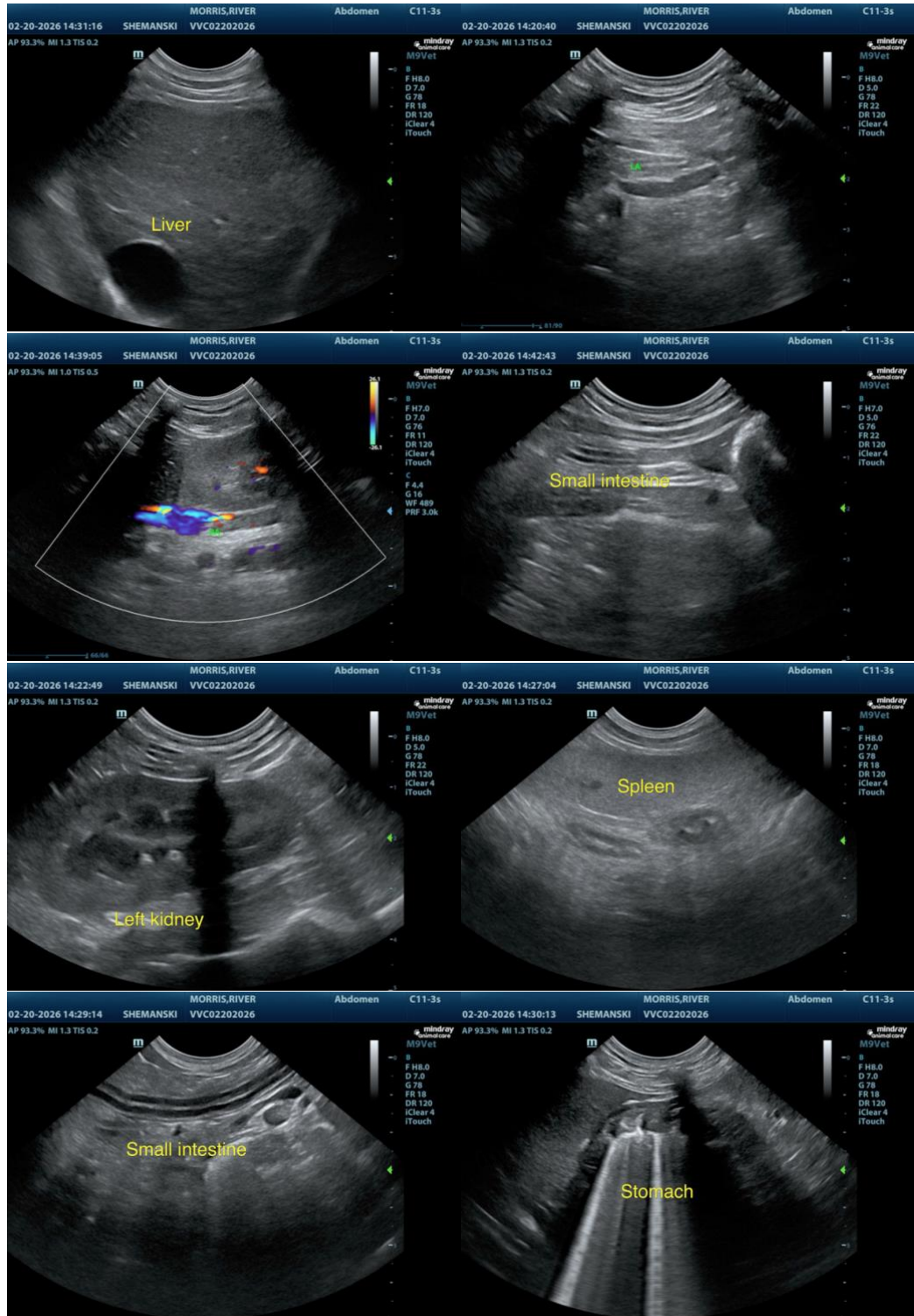
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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