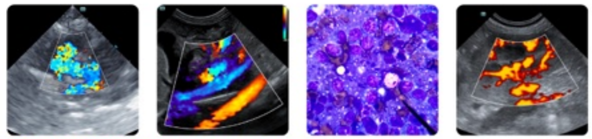


PATIENT

Caleigh Hitz

SPECIES

Canine

BREED

American Pit Bull Terrier Cross

SEX

Spayed female

AGE

6 years

WEIGHT

68.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kitz

HOSPITAL NAME

Woodlands AH

REFERRING VET

Dr. Kitz

INVOICE

71183

DATE

2/3/26

PRESENTING CLINICAL SIGNS

- Patient presented today for abdominal ultrasound. She has been seeing a holistic veterinarian for vomiting for the past few weeks. Supportive therapy has not been helping. She then went to the ER on the 31st, where they performed radiographs of the abdomen and labs. She was tx supportively there and it was recommended that she follow up with us (we see her for routine care as well) for ultrasound if things did not improve. She has vomited at least every other day for the past two weeks. She is lethargic. Still eating and drinking. Last night she vomited after being given cerenia and sucralfate, so owner took her to another ER for cerenia injection, and she presented this morning for ultrasound.
- On PE, she is QAR. MM pink, moist, refill <2sec. No significant pain on abdominal palpation. Rectal exam normal. H/L normal. Vitals normal with no fever. Labs done on 1/31 show mild elevation in PL and amylase, are otherwise normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 6.1 cm, right measured 5.9 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

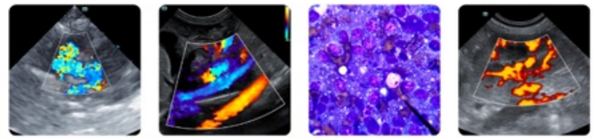
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.54 cm and 0.47 cm in width. The right adrenal gland measured 0.51 cm and 0.65 cm in width.

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 3.0 cm.

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

Segmental thickening of the gastric wall measuring up to 1.0 cm with no loss of layering with increased in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen. Normal appearance of the 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. Duodenum measured 0.46 cm, small intestine measured 0.34 cm. Fecal material was present in the colon.

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

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gastropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

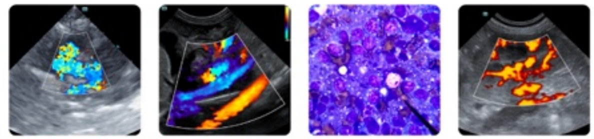
Etiologies for gastropathy would be chronic gastritis, ulcerative disease, Helicobacter gastritis, parasitic gastroenteritis, dietary hypersensitivity and inflammatory bowel disease.

Emerging neoplasia would be a less likely differential diagnosis.

Further assessment would be endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be feeding small frequent meal of a novel protein/hypoallergenic diet, course of Fenbendazole, gastric protectants (Sucralfate, Omeprazole) and if there is not a satisfactory improvement, then triple therapy for Helicobacter gastritis and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.



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L ADRENAL SAG

1 L 0.54 cm
2 L 0.47 cm

R ADRENAL SAG

1 L 0.51 cm
2 L 0.65 cm

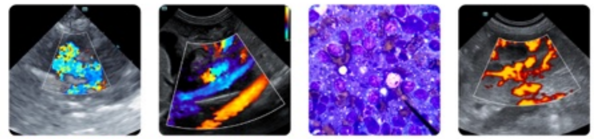
L LIV SAG

R LIV/GB SAG

SPLEEN HILUS SAG

Spleen

L KID SAG



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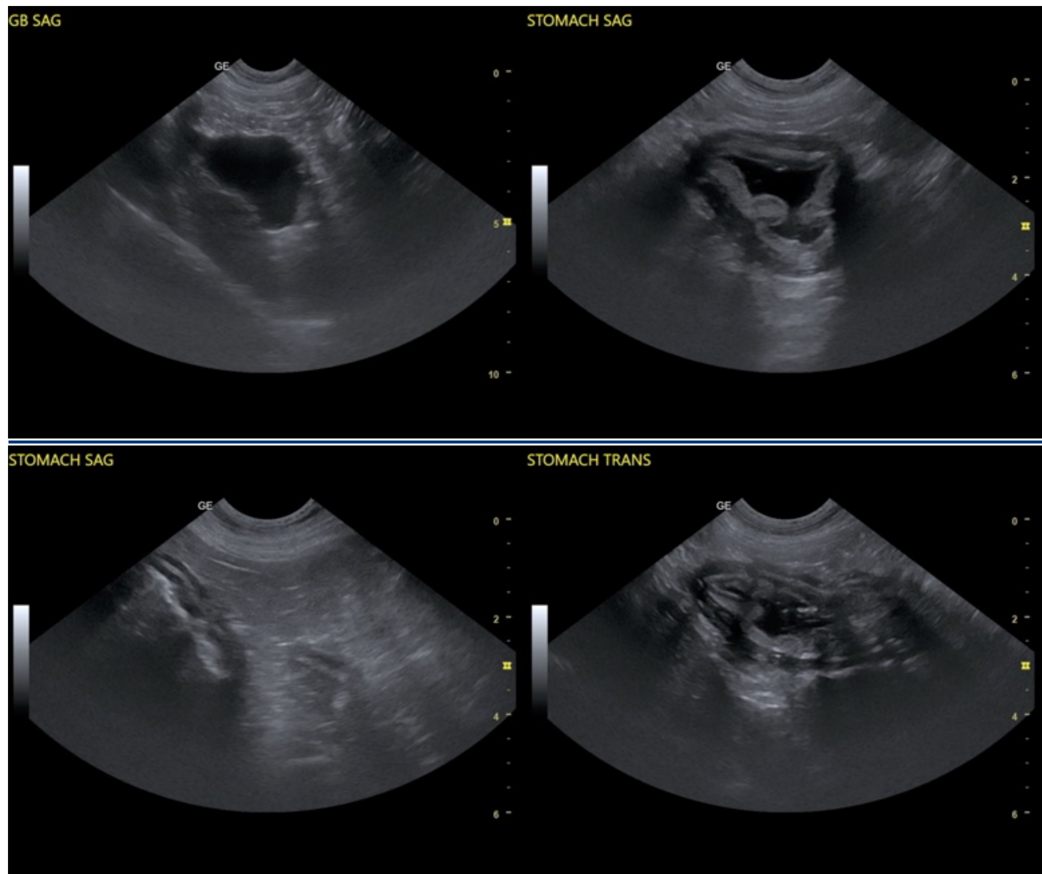

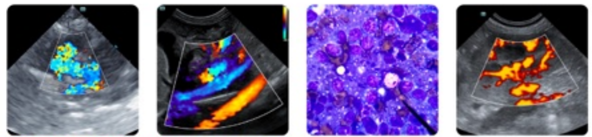

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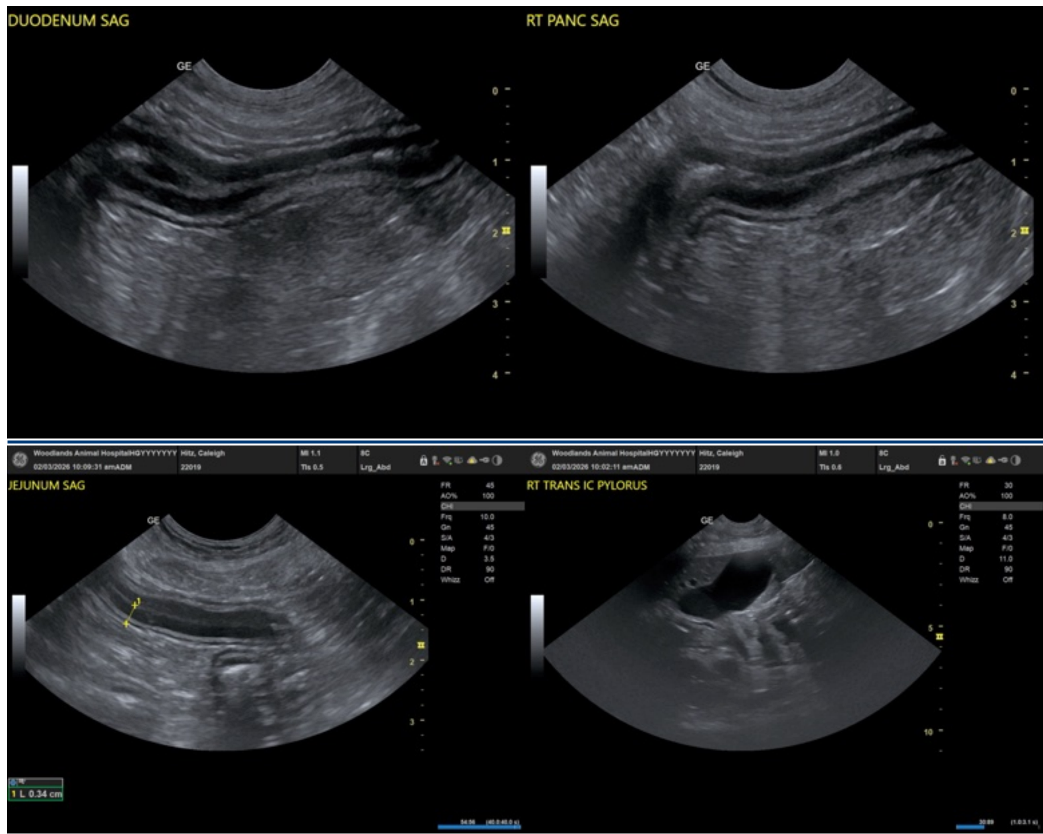

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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