



PATIENT

Hammer McClelland

SPECIES

Canine

BREED

English Setter

SEX

Male

AGE

4 years

WEIGHT

59 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Langer

HOSPITAL NAME

North Hampton AH

REFERRING VET

Dr. Rocco

INVOICE

71380

DATE

2/9/26

PRESENTING CLINICAL SIGNS

- 5 year old male intact setter presented for anorexia x 2 d, hyper salivation and cough.
- 2-3 year history of chronic, recurrent nausea and hyporexia (every 3-6 months)
- Recurrent pneumonia (every 6 months)
- P is difficult to examine and perform diagnostics on. Unable to perform w/o sedation. - Superchem/CBC/T4/UA-pending -CXR- pending

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 7.4 cm, right measured 7.6 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.

Normal size and appearance of the prostate measuring 2.6 x 2.8 cm in size.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.45 cm and 0.48 cm in width. The right adrenal gland measured 0.79 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 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

Diffuse thickening of the gastric wall measuring up to 1.0 cm with a hyperechogenic appearance, but no loss of layering. 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.

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

- Gastric thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastric thickening would be chronic gastritis, hypertrophic gastritis, Helicobacter gastritis, parasitic gastroenteritis, dietary hypersensitivity, inflammatory bowel disease with emerging neoplasia an unlikely differential diagnosis.

Further assessment would be based on the pending results, but could include fecal analysis and 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 meals of a novel protein/hypoallergenic diet, course of Fenbendazole and if there is not a satisfactory improvement then triple therapy for Helicobacter gastritis is recommended. If there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.



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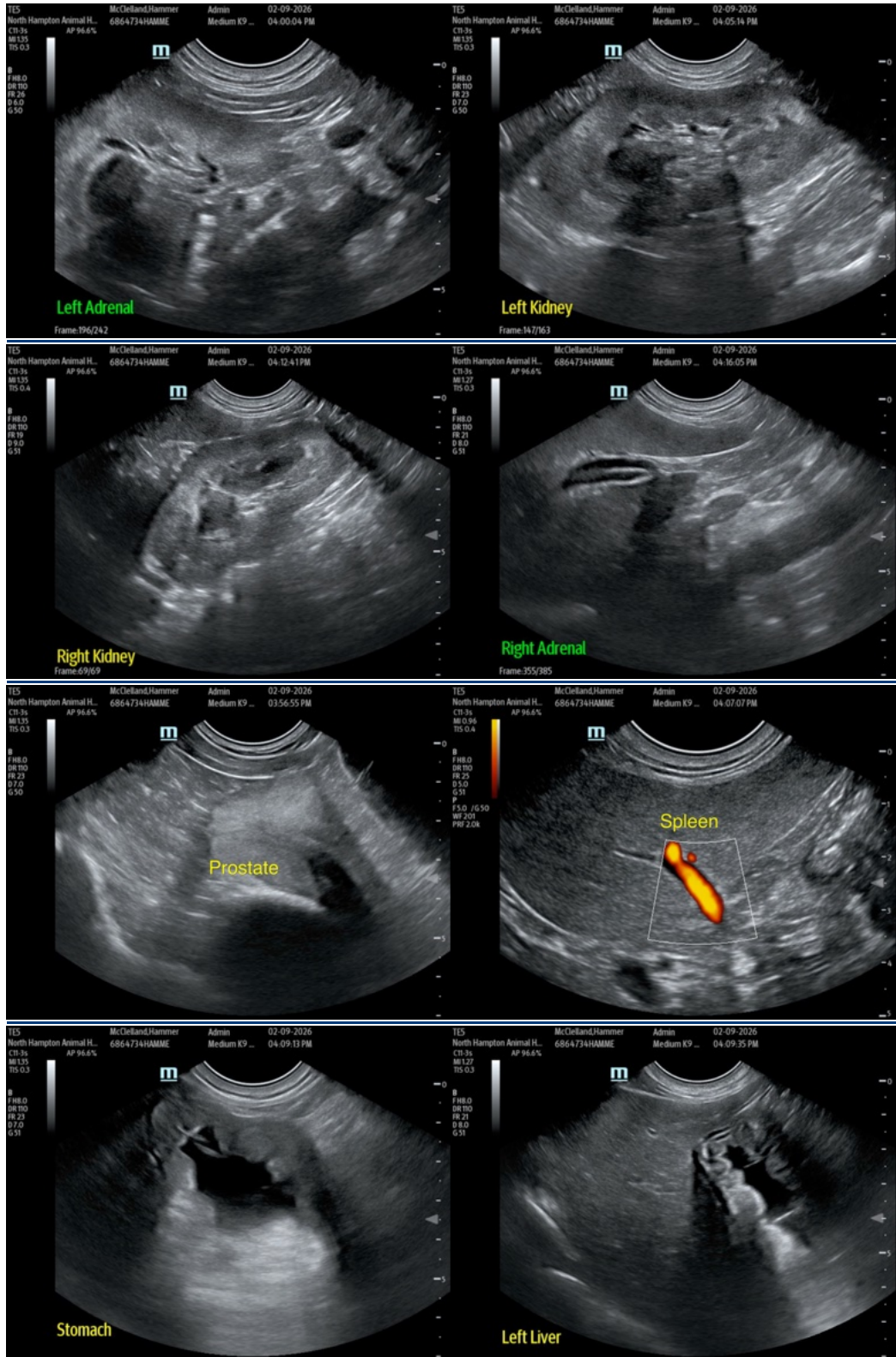
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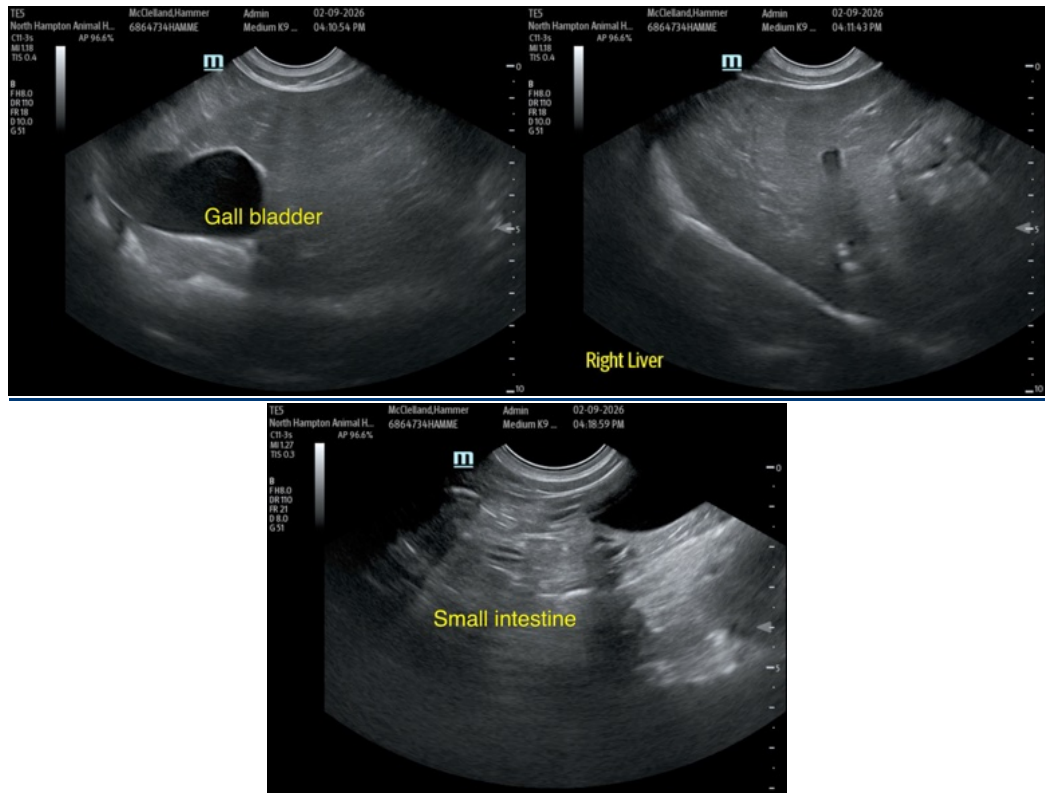
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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