



PATIENT

Max Despaigne

SPECIES

Canine

BREED

Beagle Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

48 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Danielle Shemanski
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Dr. Mike Delucia DVM

INVOICE

14321

DATE

03/13/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL:
- - Patient has had diarrhea with blood in it, varying from streaks to straight blood, occurring for a month. No response with metronidazole, Pro-Pectalin, or Proviabie fiber. Rectal exam revealed no masses and anal glands were normal. No chronic diseases. Patient did have Lyme disease in 2022. Owner has declined 4DX since 2023. Owner stated at an exam with the RDVM that the patient is PU/PD and blood work showed an elevated ALKPHOS of 416, so possible concern with Cushing's disease. Patient is 10, almost 11 years old.
- CLINICAL SIGNS:
- - Owner reports patient only vomited once on February 13th. Since then, has been experiencing a lot of diarrhea. Appetite is still good. He has always had soft stool, but never diarrhea and blood like this. He has always had sensitive skin, rashes, etc.
- MEDICATIONS/DIET:
- Fenbendazole 4g and 1g: 1 packet each with food once per day for 3 days
- He is on Hill's Science Diet Sensitive Stomach & Skin.

Abnormal PE/Chem/CBC/UA Results: 3/12/2026 Hematology MPV 13.7 (Ref 8.7 - 13.2 fL) H Plateletcrit 0.54 (Ref 0.14 - 0.46 %) H Chemistry ALP 416 (Ref 23 - 212 U/L) H

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full 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.

Enlarged iliac lymph nodes with the right measuring 0.5 by 0.9 cm in size and the left measuring 0.5 by 1.4 cm, maintaining a normal shape and echogenic appearance.

Small hypoechogenic prostate measuring 1.2 cm in width.

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 6.5 cm in length. The right kidney measured 7.0 cm in length. 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 2.53 cm in length x 0.57 cm and 0.69 cm in width. The right adrenal gland measured 2.63 cm in length x 0.64 cm and 0.57 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 1.8 cm in width.



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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.

Gallbladder

Full gallbladder 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 and ileo-cecal junction with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Thickening of the colon (up to 0.32 cm) with no loss of layering and maintaining a 1 to 3 muscular to mucosal ratio. A small amount of fecal material was present within the lumen.

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.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Colonic thickening.
- Iliac lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the colonic thickening would be idiopathic colitis, parasitic disease, dietary hypersensitivity, inflammatory bowel disease, granulomatous colitis and possibly emerging neoplasia. The most likely etiology for the iliac lymphadenomegaly would be reactive hyperplasia with lymphadenitis and infiltrative neoplasia, unlikely differential diagnoses.

Further assessment would be fecal analysis, rectal cytology, colonoscopy with biopsies and possibly FNA cytology of the iliac lymph nodes.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management that could be considered would be feeding a novel protein/hypoallergenic diet, course or fenbendazole, and either sulfasalazine or olsalazine. If there's not a satisfactory improvement, then of course of Prednisolone should then be considered.



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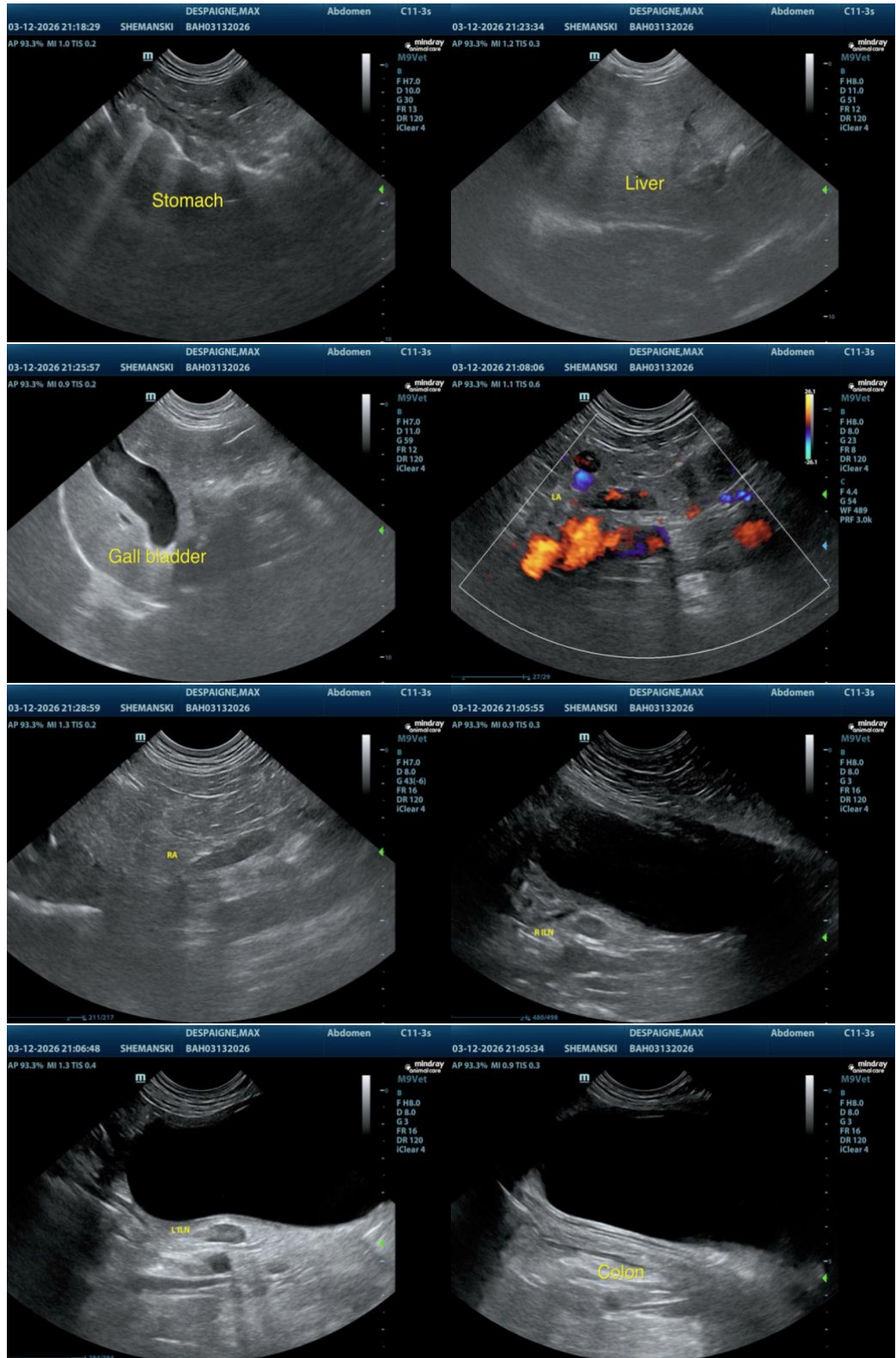
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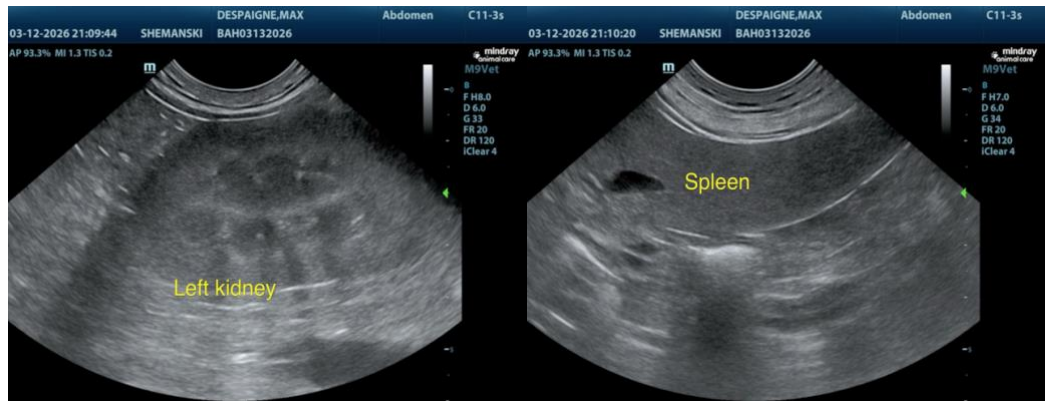
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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