



PATIENT

Bentley Falker

SPECIES

Canine

BREED

Border Collie Mix

SEX

Neutered male

AGE

10 years

WEIGHT

56 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Weaver

INVOICE

73489

DATE

3/17/26

PRESENTING CLINICAL SIGNS

- P presented 2/6/26 for decreased appetite, vomiting, and weight loss.
- BW unremarkable
- Only able to get lateral views of chest and abdomen: cardiac silhouette is a little plump but VHS was WNL. Lung fields look clear. Possibly increased size of tracheobronchial LN but not severe. Cardiac murmur likely incidental rather than cause of clinical signs. Abdominal rads not showing visible mass or foreign body, but small intestine wall appears thickened
- DDX chronic GI inflammation, parasitism, IBD, alimentary lymphoma etc.
- P started on prednisolone, ondansetron, panacur (3 day course).
- Recheck 3/6/26- p e/d better, o stopped steroids. P still losing weight. May consider rx diet after results of u/s
- 2/6/26 CBC- HCT 36.2%, HGB 12.6g/dL, MCV 61.4 fL, Retic 5.3 k/uL, WBC 4.61 K/uL, Neut 2.47 k/uL, PLT 134 k/uL Chem/lytes- Chol 402 mg/dL, rest WNL 4dx neg x4 3/6/26 CBC- RBS 5.51 M/uL, HCT 33.9%, HGB 11.7g/dL, MCV 61.5 fL, Retic 5.5 k/uL, Neut 2.73 k/uL, PLT 135 k/uL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 5.0 cm, right measured 6.3 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 color flow pattern is evident in both kidneys.

The prostate is small and hypoechoic measuring 1.2 cm in width.

Adrenal Glands

The adrenal glands are not clearly visualized, but appear to be of normal shape, echogenic appearance and size.

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 2.5 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

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

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.

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

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there was 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 dietary hypersensitivity and inflammatory bowel disease should still be considered.

Further assessment would be cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



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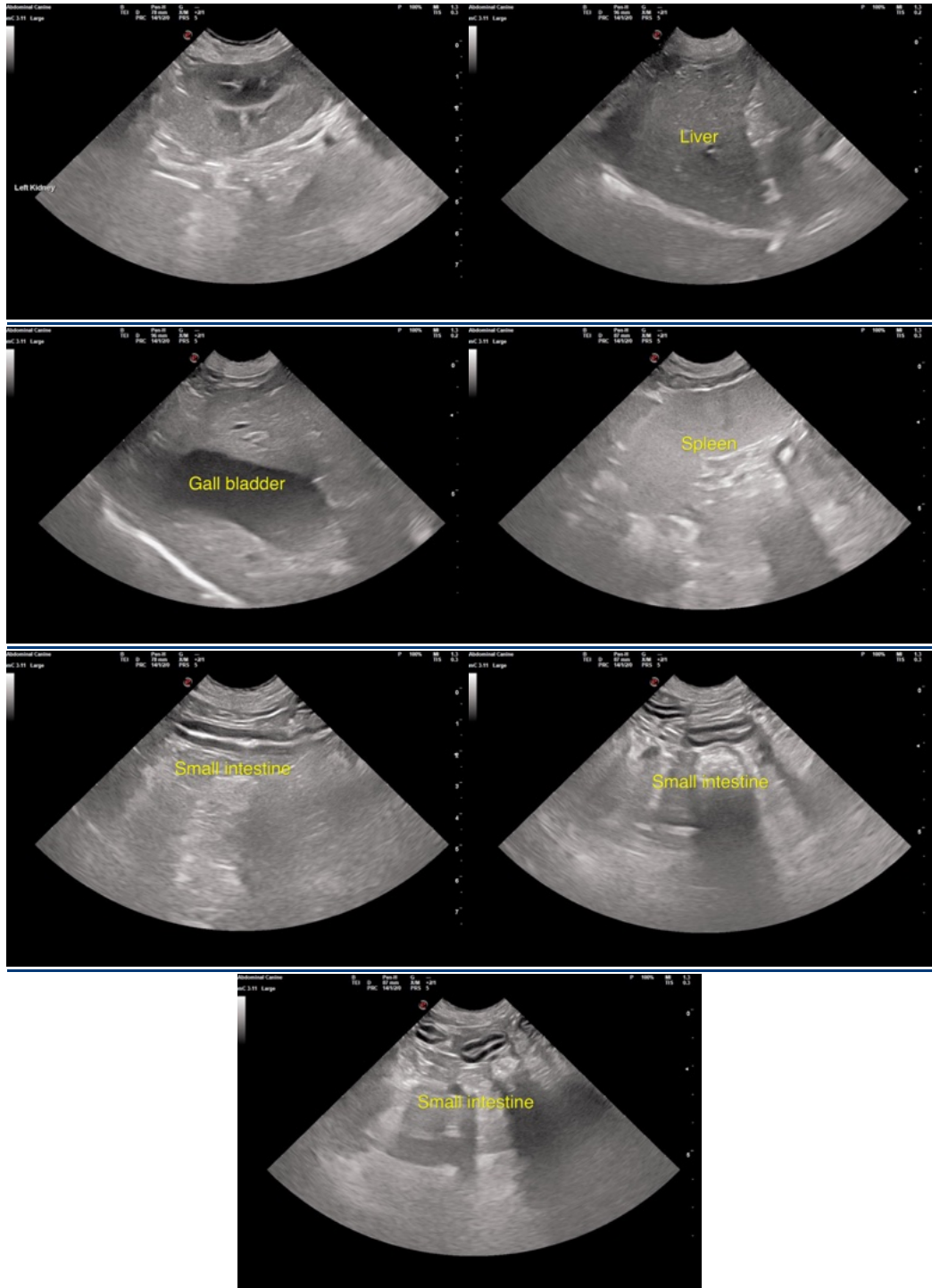
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Symptomatic management that can be considered would be feeding a novel protein/hypoallergenic diet, cobalamin supplementation and possibly to continue with the Prednisolone.



The information and recommendations provided are based on the images presented by the



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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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