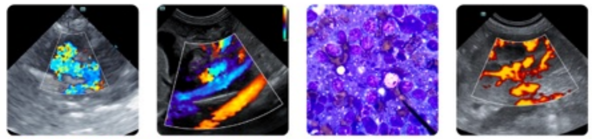


PATIENT

Albert Freese

SPECIES

Canine

BREED

Hound

SEX

Neutered male

AGE

5 years

WEIGHT

67 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Vetererinay Service

REFERRING VET

Dr. Demers

INVOICE

73569

DATE

3/18/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: The patient was referred by his primary vet due to a one-month history of intermittent bloody diarrhea, which has worsened in the last few days since 2/11/26, accompanied by vomiting this week. The patient has lost 4-5 lbs this month due to an inconsistent appetite. His blood work, including cPL, was normal, though a slightly elevated creatinine level was noted at 1.9 mg/dL. Abdominal x-rays performed by Antech radiologists were unremarkable.
- Albert is currently eating boiled chicken and rice, having refused the prescribed GI Biome and bitter powdered Tylosin (now discontinued). He has vomited liquid/bile twice consecutively. While a past severe bloody diarrhea episode resolved with bland food and probiotics, his current stool is very bloody, despite being slightly better today. Metronidazole initially provided relief, but the blood returned. Two fecal tests have been negative. He has no known tick exposure (annual screen due in June) but has been observed eating deer feces.
- MEDICATIONS: Tylosin soluble powder - 1/8 tsp BID for 7 days - owner having difficulty administering, so that was discontinued
- Preventative Care
- Last 4DXwas done in June of 2025.
- 3/2/2026 BC CHOL 107.0 mg/dL (ref 110-320) Low CREA 1.9 mg/dL (0.500-1.800) High Chloride (CL-) 108.0 mmol/L (109-122) Low cPL normal per RDVM

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.

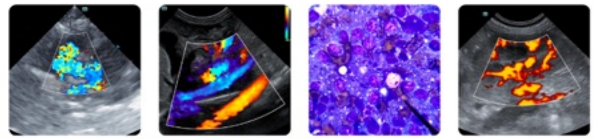
Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 6.1 cm, right measured 6.4 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.

Small, hypoechogenic prostate measuring 1.1 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.8 cm in length x 0.51 cm and 0.56 cm in width. The right adrenal gland measured 1.84 cm in length x 0.53 cm and 0.55 cm.



PATIENT

Albert Freese

SPECIES

Canine

BREED

Hound

SEX

Neutered male

AGE

5 years

WEIGHT

67 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Vetererinay Service

REFERRING VET

Dr. Demers

INVOICE

73569

DATE

3/18/26

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 2.3 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.

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 and duodenum with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Normal thickness of the small intestine measuring up to 0.4 cm and colon measuring up to 0.27 cm with no loss of layering, but with an increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen. Fecal material was present in the colon.

Pancreas

Normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

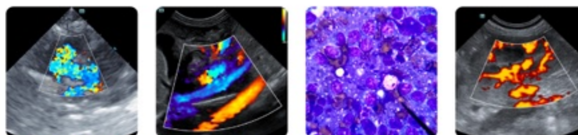
Enlarged mesenteric lymph nodes measuring up to 0.7 x 3.3 cm in size with an increased echogenic appearance, but maintaining a normal shape.

No ascites evident.

Thorax

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

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com info@sonopath.com 1.800.838.4268



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Albert Freese

SPECIES

Canine

BREED

Hound

SEX

Neutered male

AGE

5 years

WEIGHT

67 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Vetererinay Service

REFERRING VET

Dr. Demers

INVOICE

73569

DATE

3/18/26

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Mesenteric lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

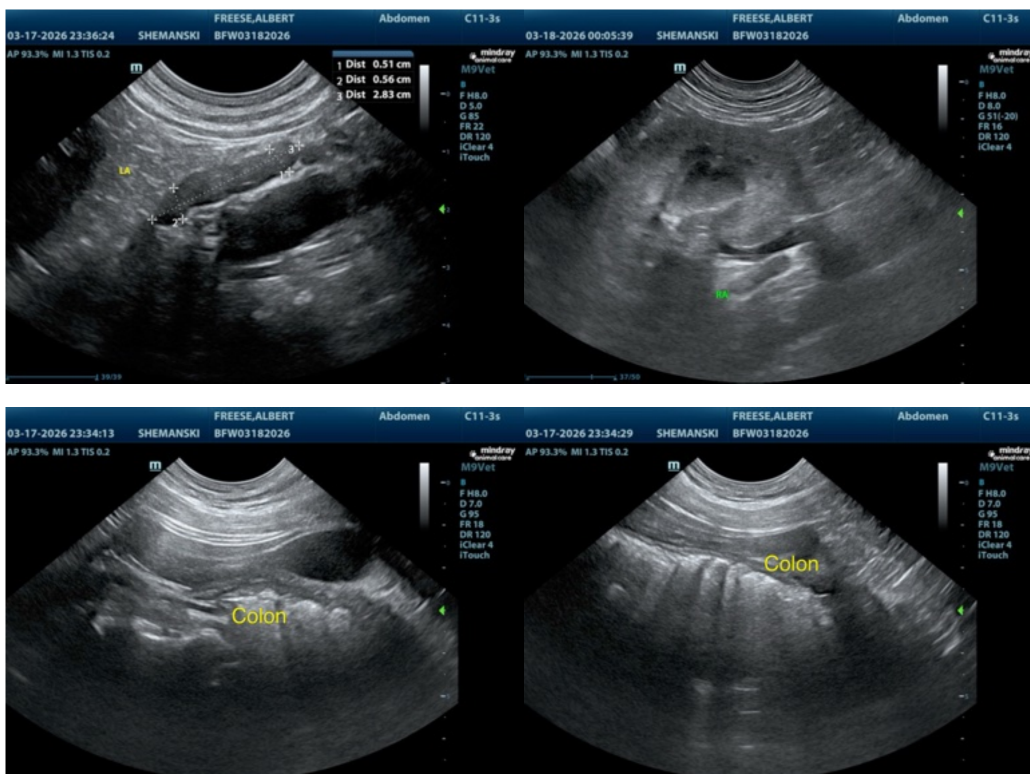
Etiologies for the enteropathy would be dietary hypersensitivity and inflammatory bowel disease with emerging lymphoma a less likely differential diagnosis.

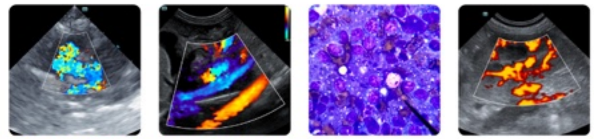
An additional etiology for the colon would be granulomatous colitis.

The most likely etiology for the mesenteric lymphadenomegaly would be reactive hyperplasia with lymphadenitis and infiltrative neoplasia a less likely differential diagnosis.

Further assessment would be cobalamin and folate assay, endoscopy of the upper GI tract with biopsies and possibly FNA cytology of the mesenteric lymph nodes.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management that can be considered would be feeding a novel protein/hypoallergenic diet, cobalamin supplementation and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.





Clinical Sonography & Telecytology

Educational Teleconsultation Services™

PATIENT

Albert Freese

SPECIES

Canine

BREED

Hound

SEX

Neutered male

AGE

5 years

WEIGHT

67 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Vetererinay Service

REFERRING VET

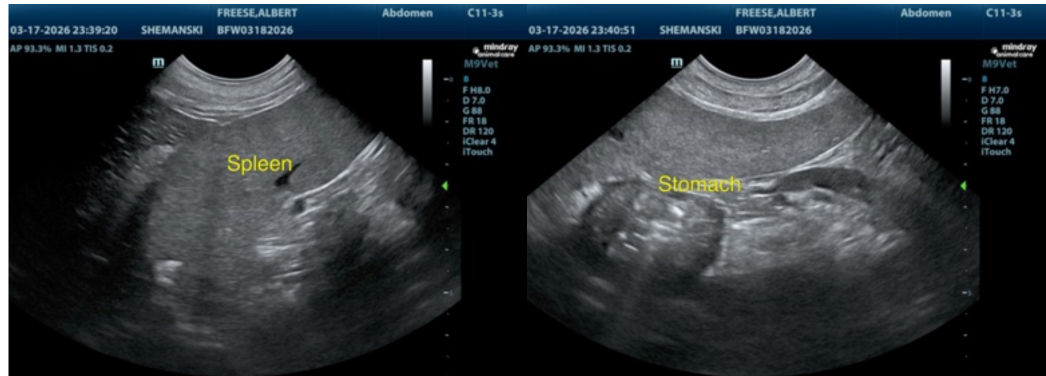
Dr. Demers

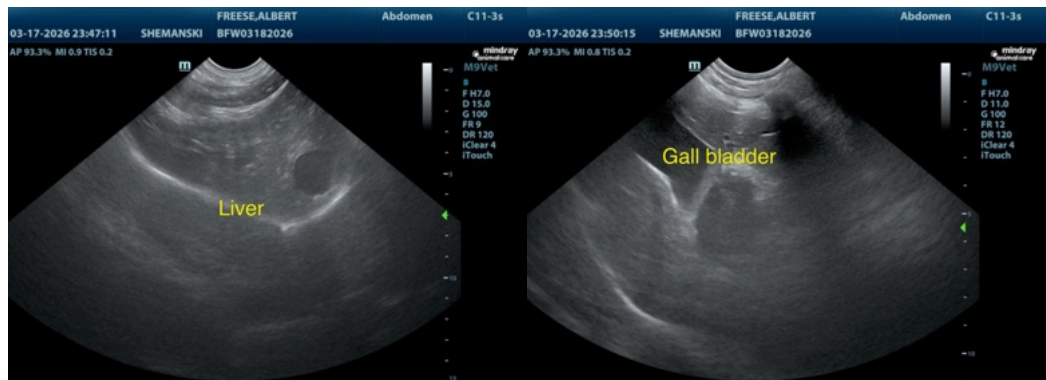
INVOICE

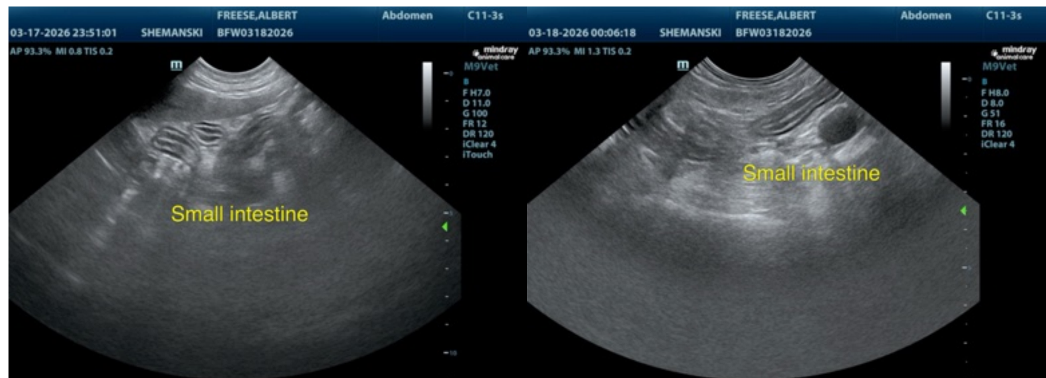
73569

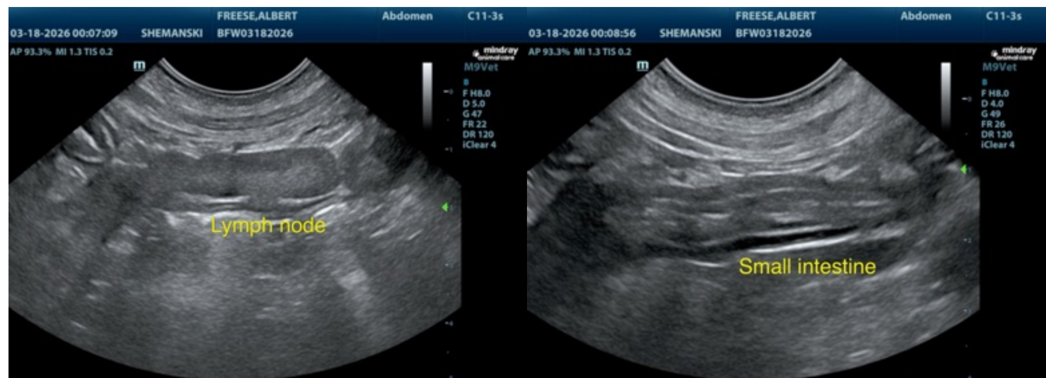
DATE

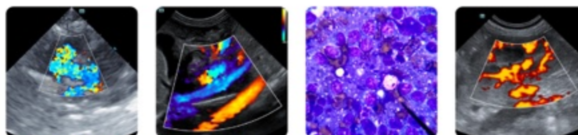
3/18/26











PATIENT

Albert Freese

SPECIES

Canine

BREED

Hound

SEX

Neutered male

AGE

5 years

WEIGHT

67 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Vetererinay Service

REFERRING VET

Dr. Demers

INVOICE

73569

DATE

3/18/26

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