



## PATIENT

Ruby Provost

## SPECIES

Canine

## BREED

American Bulldog

## SEX

Female

## AGE

4 years

## WEIGHT

20.9 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Hannah Shelley

## HOSPITAL NAME

Malletts Bay VH

## REFERRING VET

Dr. Shelley

## INVOICE

73828

## DATE

3/25/26

## PRESENTING CLINICAL SIGNS

- Presented 1/2/26 for chronic diarrhea and unintentional weight loss for 1-2 month hx. Lost 8 lb over 6 mos. Started Hill's i/d low-fat strictly and ProViable kit, no clinical improvement. After 7d, added metronidazole 15 mg/kg po q12h 14d, with minimal clinical improvement. O declined IM referral due to cost.
- 1/28/26 - Started vit B injections weekly for 6 weeks, no improvement noted. Switched to RC HP low fat strictly. Minimal improvement, progressive wt loss. Would not eat RC HP, switched to Purina HA canned and dry.
- 3/16/26 - O initially declined U/S. Started prednisone 1 mg/kg/d. Minimal improvement noted, progressive weight loss. O elected to move forward with U/S.
- 3/25/26 - Sedated with dexmedetomidine 5 mcg/kg and butorphanol 0.25 mg/kg IV to good effect.
- CBC/chem 17 (1/2/26) - mild neutrophilia, severe hypoalbuminemia (1.5, 2.3-4.0), H amylase. • qPL (1/2/26) - 401 (0-200) • Fecal sent to IDEXX (1/2/26) - neg. • U/A (1/28/26)(void) - USG 1.031, pH 6.0, PRO neg, sediment wnl. • GI panel (1/28/26) - TLI/PLI wnl, moderate hypocobalaminemia. Started vit B injections weekly for 6 weeks, no improvement noted. • Chem 10, no CBC (3/18/26) - progressive hypoalbuminemic hypoproteinemia (1.4, 2.3-4.0), H ALT.

## 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 5.7 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.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.65 cm in width. The right adrenal gland measured 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 1.5 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 small 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. Normal thickness of the small intestine (up to 0.45 cm) with diffuse, mucosal stippling present.

## 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.

A small amount of acellular ascites is present.

## ULTRASONOGRAPHIC FINDINGS

- Intestinal lymphangectasia.
- Ascites.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the intestinal lymphangectasia would be primary disease with inflammatory bowel disease and possibly emerging lymphoma differential diagnosis.

The ascites can be ascribed as secondary to the hypoalbuminemia.

Management of intestinal lymphangectasia is feeding small frequent meals of a low fat intestinal type diet, cobalamin supplementation and the use of immunosuppressant drugs such as Prednisolone, Azathioprine, Budesonide and cyclosporin.

Unfortunately prognosis tends to be poor for these patients.



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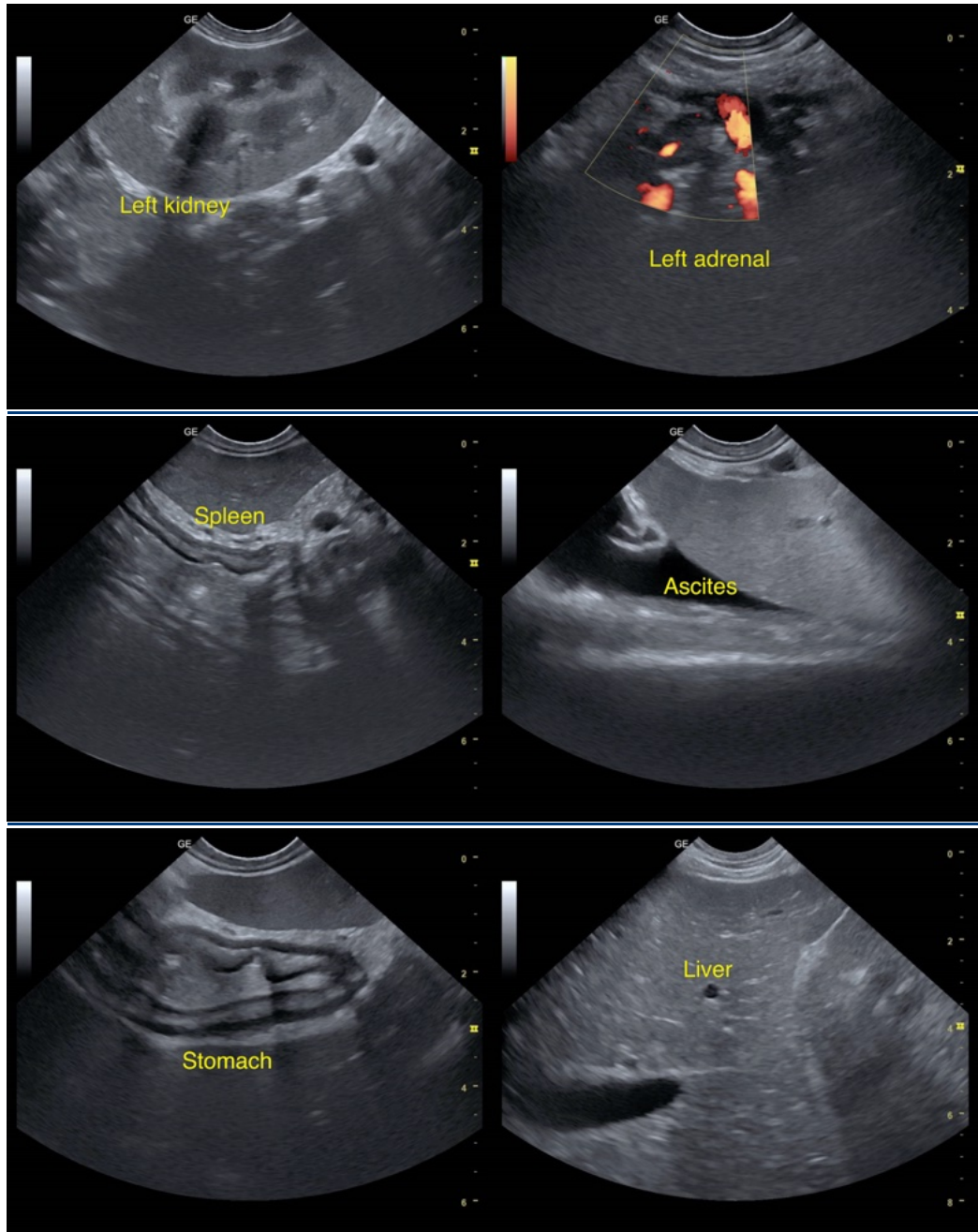
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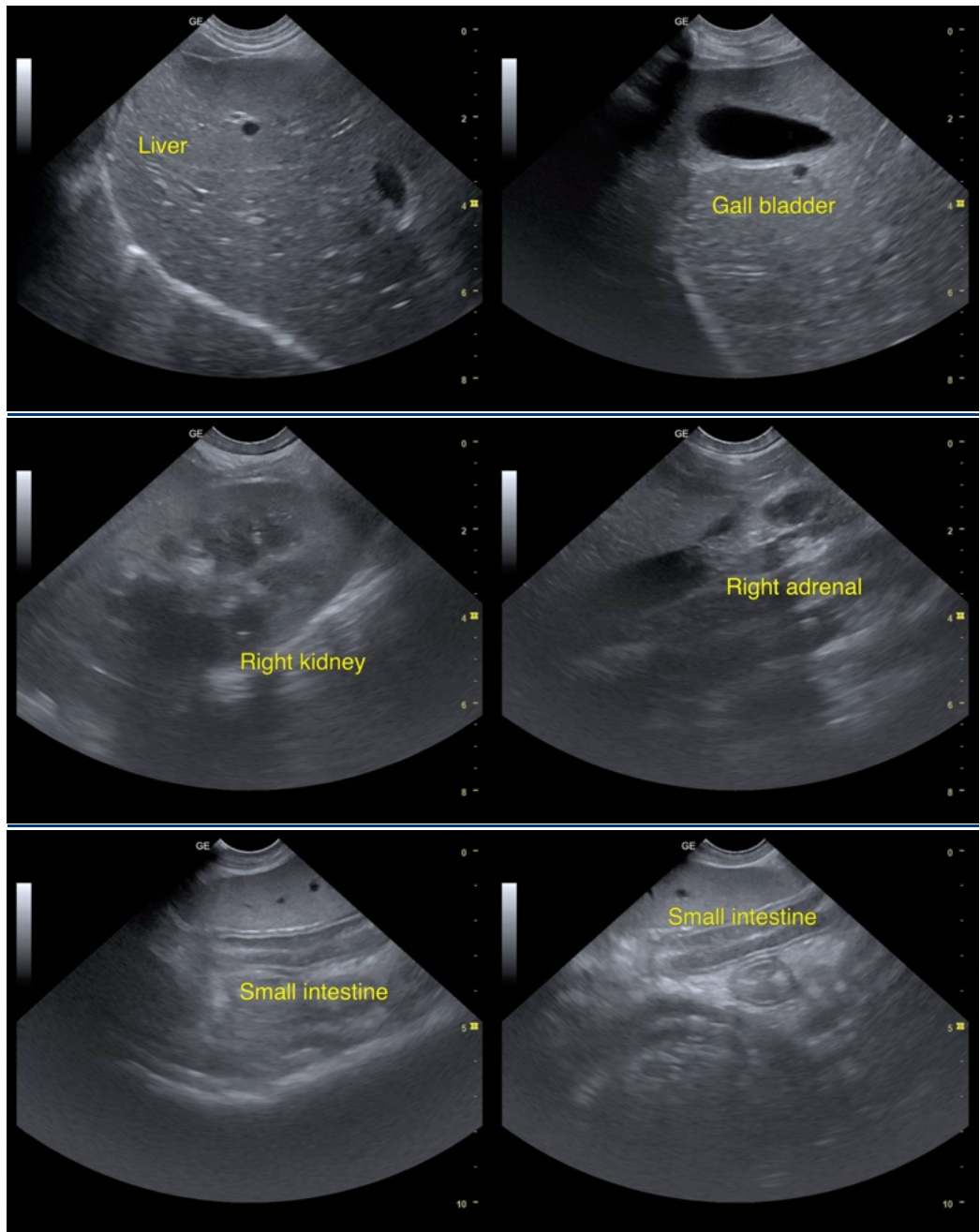
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



**PATIENT**

[info@sonopath.com](mailto:info@sonopath.com)

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