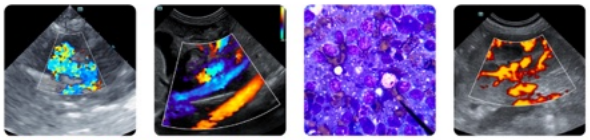


PATIENT

Missy Dilcher

SPECIES

Canine

BREED

Setter mix

SEX

Spayed female

AGE

14 years

WEIGHT

36 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. Brenda Lefler

INVOICE

73879

DATE

3/27/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: The patient was referred for abdominal ultrasound due to 1.5-week tenesmus with minimal stool, intermittent vomiting (now resolved), anorexia, and a gagging cough. Exams on 3/21 and 3/25 revealed no stool; pancreatic enzymes were elevated. Diet and Entyce were recommended; oral antibiotics were discontinued due to poor compliance. AST mildly elevated (60 U/L). Recent ear culture grew Proteus, Pseudomonas (resistant), and Streptococcus. Ultrasound advised to rule out mass.
- Missy has tenesmus, producing little to no stool. Her appetite is intermittent, and she recently stopped eating again. She began spitting out her Baytril and metronidazole, so the rDVM suspended them for 24 hours prior to the ultrasound.
- Straining and bilious vomiting began 1.5 weeks ago; while vomiting has ceased for 3-4 days, anorexia persists. She has also developed a non-productive gagging cough. Despite these symptoms, she has gained one pound, weighing 36 lbs at recent visits.
- MEDICATIONS: - Baytril 68 mg BID, Metronidazole 125 mg BID, Entyce 1.6 mL SID
- March 21, 2026 CBC: - MCV 60.3 (Ref 61.6-73.5 fL) LOW - Lymphocytes 0.99 (Ref 1.05-5.10 K/uL) LOW - Platelets 543 (Ref 148 - 484 K/µL) HIGH - Plateletcrit 0.61 (Ref0.14 - 0.46%) HIGH Blood Chem: - Chloride 106 (Ref 109 - 122 mmol/L) LOW - AST 60 (Ref 0 - 50 U/L) HIGH - Amylase 2,077 (Ref 500 - 1,500 U/L) HIGH - Lipase 4,637 (Ref 200 - 1,800 U/L) HIGH Culture & Sensitivity of ear infection: - Pseudomonas aeruginosa - Intermediate Resistance to Enrofloxacin and Marbofloxacin

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.

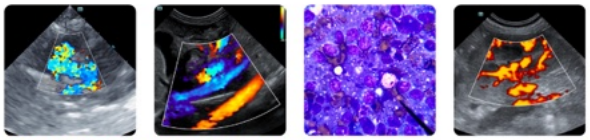
Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

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

Normal renal size (left measured 5.8 cm, right measured 5.8 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. A small, incidental cortical cyst is present in the caudal pole of the left kidney.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.43 cm in length x 0.68 cm and 0.54 cm in width. The right adrenal gland measured 2.16 cm in length x 0.6 cm and 0.66 cm in width.



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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 1.4 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. Thickened and hyperechogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

A moderate amount of ingesta and shadowing material present within the stomach with no obvious obstruction evident. There was no obvious obstruction evident. Normal thickness of the gastric wall with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio. Normal thickness of the duodenum and small intestine (up to 0.36 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. Normal appearance and thickness of the ileo-cecal junction, thickening of the colonic wall measuring up to 0.6 cm with a hypoechogenic wall and measured up to 0.6 cm with a hypoechogenic appearance and some loss of layering.

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.

Thorax

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

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ULTRASONOGRAPHIC FINDINGS

- Colonic thickening.
- Enteropathy.
- Previous cholecystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

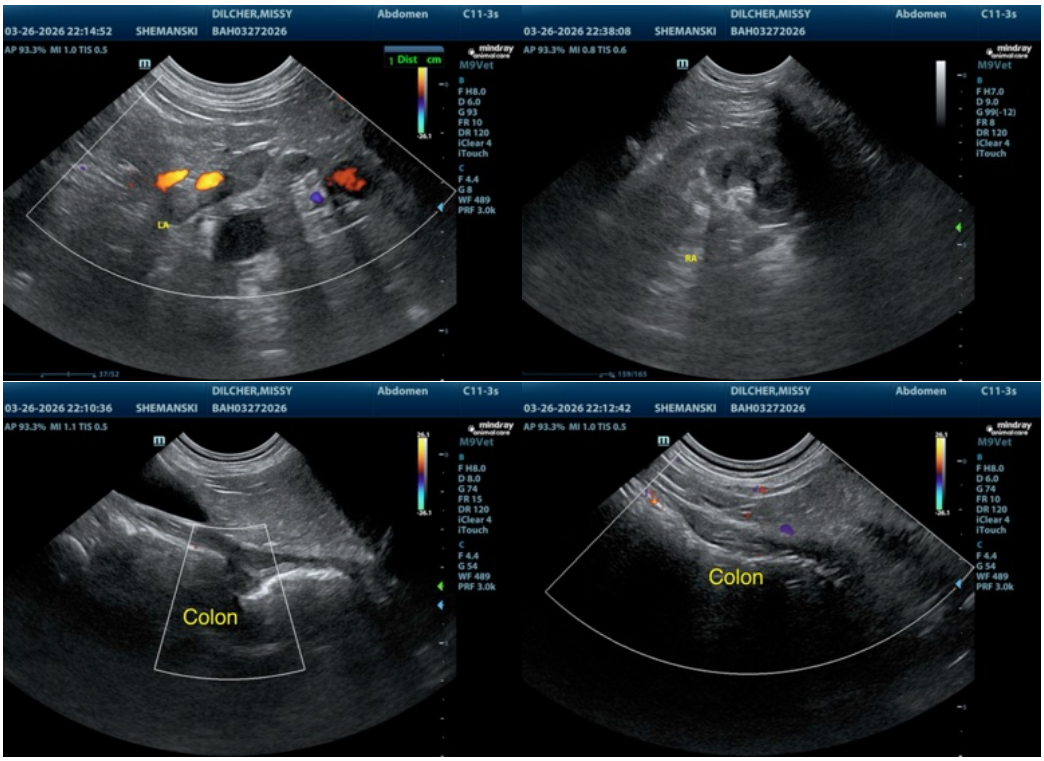
Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease with emerging lymphoma a possible differential diagnosis.

Etiologies for the colonic thickening would be parasitic enteritis, idiopathic colitis, granulomatous colitis, ulcerative disease, inflammatory bowel disease and emerging neoplasia such as lymphoma.

Ingesta and shadowing material noted in the stomach can be considered incidental and secondary to the enteropathy and not associated with the gastric foreign body or obstruction.

Further assessment would be fecal analysis cobalamin and folate assay, rectal cytobrush cytology and endoscopy of the upper and lower GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



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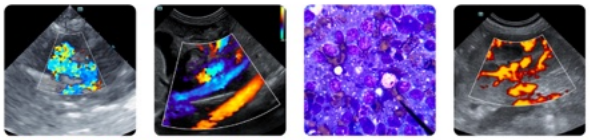

Clinical Sonography & Telecytology
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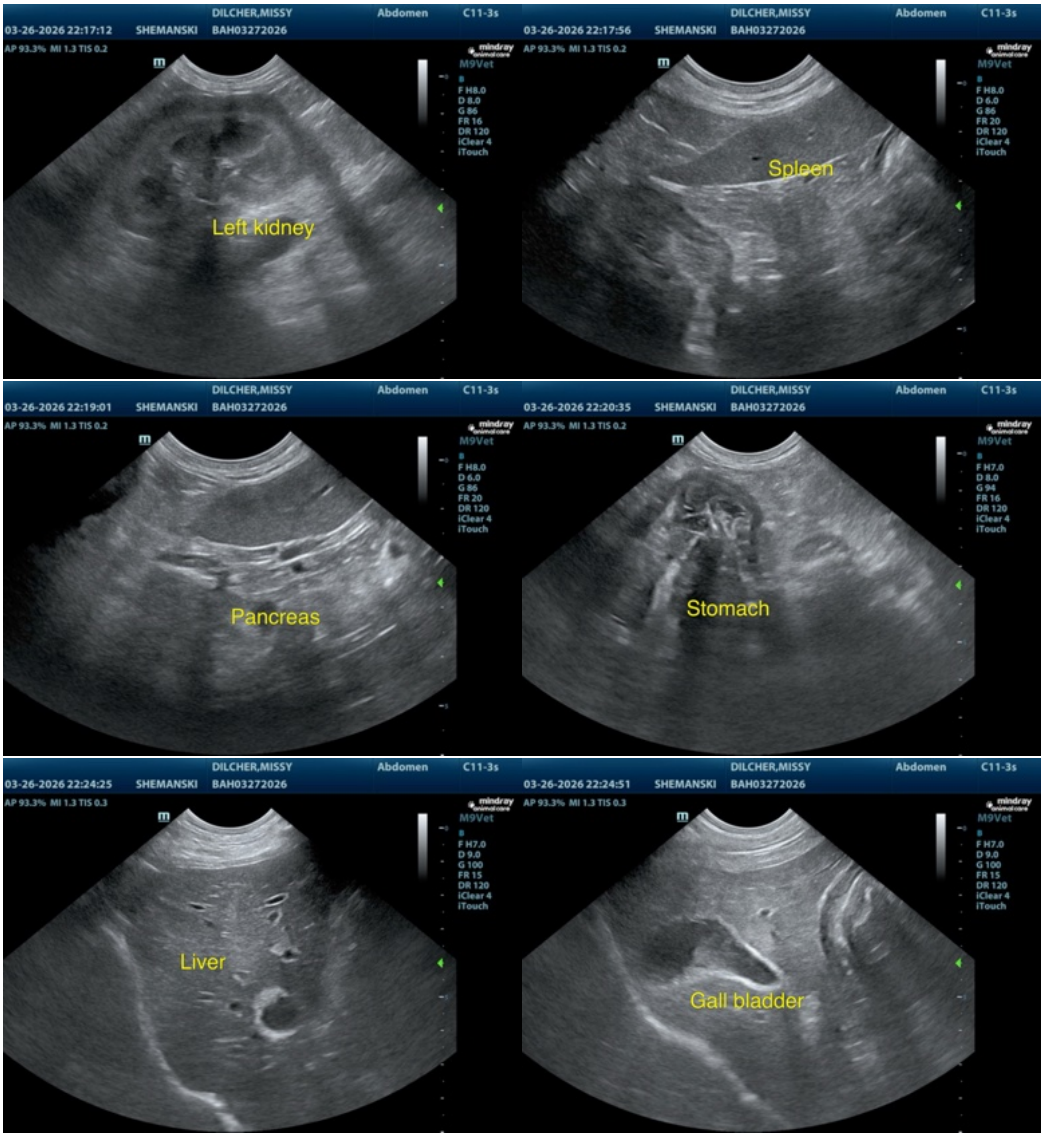

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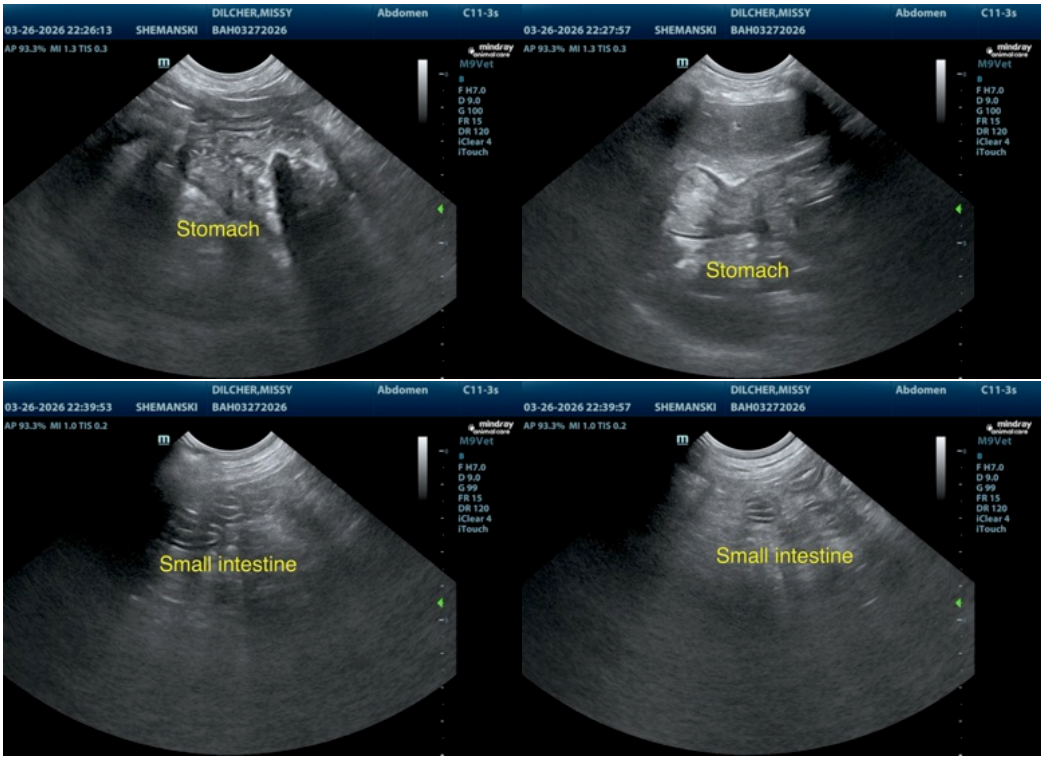

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com