

PATIENT

Ranger Rose

SPECIES

Canine

BREED

Husky Mix

SEX

Neutered male

AGE

4.4 years

WEIGHT

40.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Barron

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Barron

INVOICE

73919

DATE

3/30/26

PRESENTING CLINICAL SIGNS

- 3 month history of chronic enteropathy, weight loss, decreased appetite,
- acute lethargy and pale MM with weakness and anorexia, sticky, black, tarry stools. vomiting and regurgitation reported. Today is the first time we have seen this patient. He was started on sucralfate 1 g po tid. They tried a hypoallergenic diet a couple weeks ago but he will not eat it.
- Non regenerative anemia RBC 22%. leukocytosis (24,000) with monocytosis, hypoalbuminemia (1.7) total PROTEIN is low (4.5) anisocytosis.

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 left renal size (left measured 5.5 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. The right kidney was not clearly visualized, but appears to be of normal size, shape, and echogenic appearance.

The prostate was not visualized.

Adrenal Glands

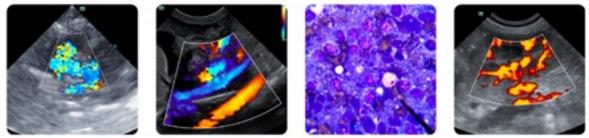
The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.53 cm in width. The right adrenal gland was not visualized.

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.



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Gallbladder

The gallbladder is not visualized.

Gastrointestinal

Thickening of the pyloric wall measured up to 0.8 cm with a hypoechoic appearance and loss of layering evident. The rest of the gastric wall is of normal thickness with no loss of layering and maintained a 1:3 muscularis to mucosa ratio. A moderate amount of fluid accumulation was noted in within the stomach. Normal appearance of the 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. The duodenum measures 0.43 cm.

Pancreas

The pancreas was poorly visualized, but the visualized sections are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Focal, enlarged mesenteric lymph nodes in the region of the stomach measuring 1.9 x 2.8 cm in size with a rounded shape and hypoechoic appearance. The rest of the mesenteric lymph nodes are normal.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pyloric thickening.
- Focal mesenteric lymphadenomegaly.

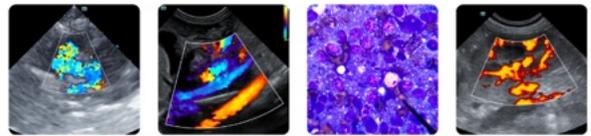
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the pyloric thickening would be pyloric hyperplasia, Helicobacter gastritis, ulcerative disease, granulomatous disease and possibly emerging neoplasia.

Etiologies for the mesenteric lymphadenomegaly would be reactive hyperplasia, infiltrative neoplasia and possibly lymphadenitis.

Further assessment would be FNA cytology of the pyloric wall and lymph node and possibly gastroscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Initial symptomatic management that could be considered would be the use of gastroprotectants such as Sucralfate and Omeprazole.



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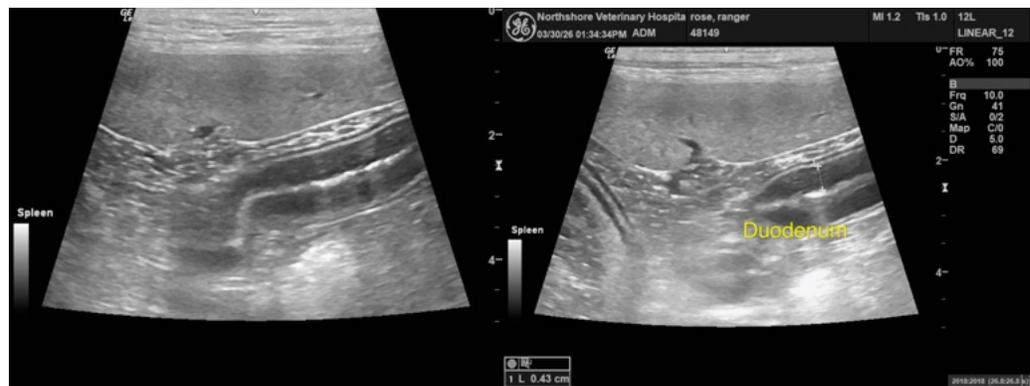
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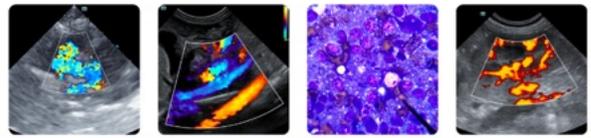
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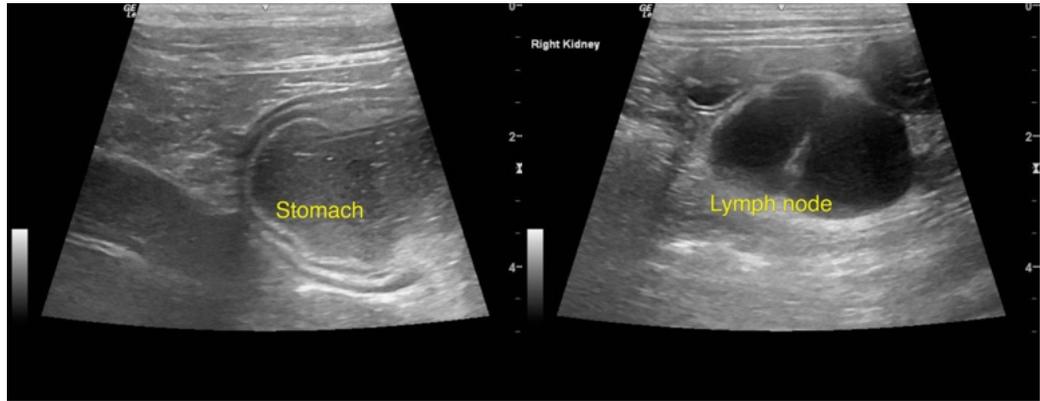
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com