



## PATIENT

Milo Ebner

## SPECIES

Canine

## BREED

Golden Doodle

## SEX

Neutered Male

## AGE

10

## WEIGHT

22 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Shervin Akbarian

## HOSPITAL NAME

Eagleson Veterinary  
Clinic

## REFERRING VET

Dr. Shervin Akbarian

## INVOICE

74374

## DATE

4/10/26

## PRESENTING CLINICAL SIGNS

Ongoing diarrhea for 3 months.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Full urinary bladder 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 4.6 cm. Right kidney measures 5.2 cm.

### Reproductive System

Not visualized.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 1.87 cm in length x 0.43 cm and 0.48 cm in width. Right measures 1.52 cm in length x 0.48 cm in width.

### Spleen

Normal size (2.3 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Incidental myelolipomas present.

### 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

Full containing normal anechoic bile. Thickened and hyperechogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

### Gastrointestinal

Thickening of the small intestine (up to 0.55 cm) with no loss of layering, maintaining a 1:3 muscularis to mucosa ratio, with normal peristaltic activity and no distention of the lumen. Mild diffuse mucosal stippling is evident.

Normal appearance of the stomach, 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.



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## Pancreas

Not clearly visualized, but visualized sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

## Free Abdomen

Normal mesenteric lymph nodes.

Large amount of acellular ascites present.

## ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Ascites.
- Previous cholecystitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

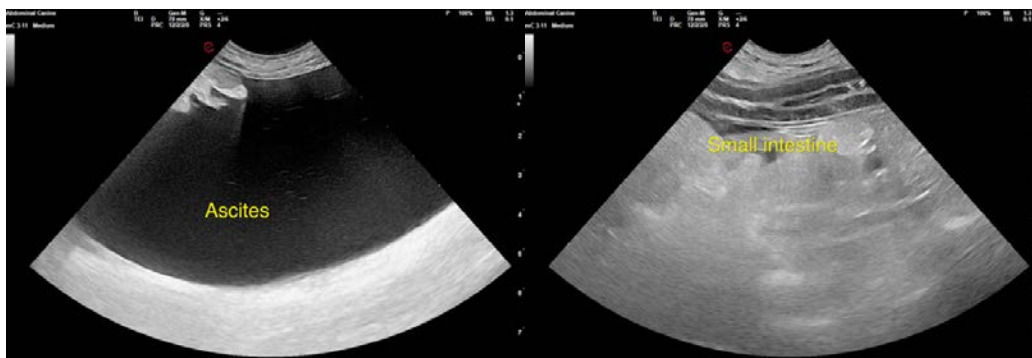
The most likely etiology for the enteropathy would be primary lymphangiectasia, with parasitic enteritis, dietary hypersensitivity, and inflammatory bowel disease being possible differential diagnoses.

The ascites is most likely secondary to hypoalbuminemia from the intestinal disease.

Further assessment would be serum biochemistry (if not already done), fecal analysis, cobalamin and folate assay, analysis of the ascitic fluid, and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Management of primary intestinal lymphangiectasia would be feeding small frequent meals of a low-fat intestinal type diet, cobalamin supplementation, and Prednisolone. A course of Fenbendazole would also be recommended. If there is not a satisfactory improvement, then changing the diet to a novel protein/hypoallergenic diet would then be indicated. Continue with the Prednisolone and cobalamin supplementation.





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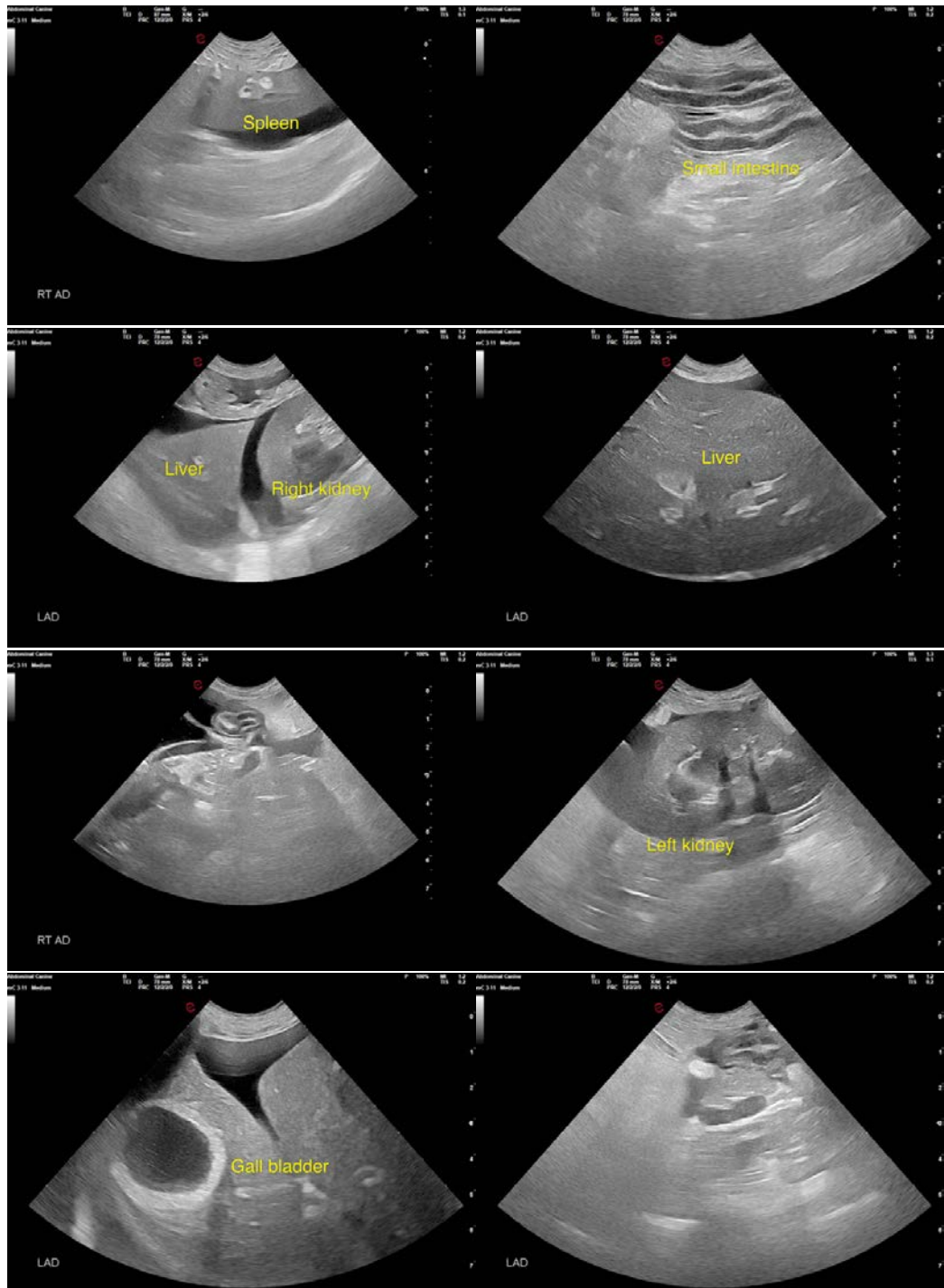
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)