



PATIENT

Taylor Ott

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

5 years

WEIGHT

70 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Schietzelt

HOSPITAL NAME

Dreaming Summit AH

REFERRING VET

Dr. Schietzelt

INVOICE

74464

DATE

4/14/26

PRESENTING CLINICAL SIGNS

History: Patient presents for chronic (3-4 weeks) diarrhea and melena unresponsive to probiotic and sucralfate and bland diet trial. Hx of IMHA in the past that has been stable and in remission for years, recent lab work no evidence of recurrence. Had had periods of vomiting in the past as well with normal labs and x-rays (worked up at another hospital). No known dietary indiscretions.

Concern for IBD, pancreatitis, Addison's, neoplasia, etc.

Sedation with dexdomitor and butorphanol, titrated propofol w/IV catheter PRN throughout scan

Abnormal PE/Chem/CBC/UA Results: -Fecal negative -Recent benign hemangioma removed from skin (confirmed with biopsy) -Trace proteinuria, remainder NSF

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 6.2 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.04 cm in length x 0.41 cm in width. The right adrenal gland measured 0.53 cm in width.

Spleen

The spleen is enlarged and measured 4.6 cm in width with a diffuse, increased echogenic appearance, but maintained a smooth homogenous parenchyma and a regular curvilinear capsule.

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 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.

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.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenomegaly would be reactive hyperplasia secondary to the chronic diarrhea with splenitis and infiltrative neoplasia a less likely differential diagnosis.

Although the GI tract appears ultrasonographically normal, with the presenting clinical signs an underlying enteropathy such as dietary hypersensitivity and inflammatory bowel disease and possibly exocrine pancreatic insufficiency should still be considered.

Atypical Addison's would be a less likely differential diagnosis, but should still be considered.

Further assessment would be cobalamin, folate and TLI assay, basal cortisol and/or an ACTH stimulation test and endoscopy of the upper GI tract with biopsies.

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.



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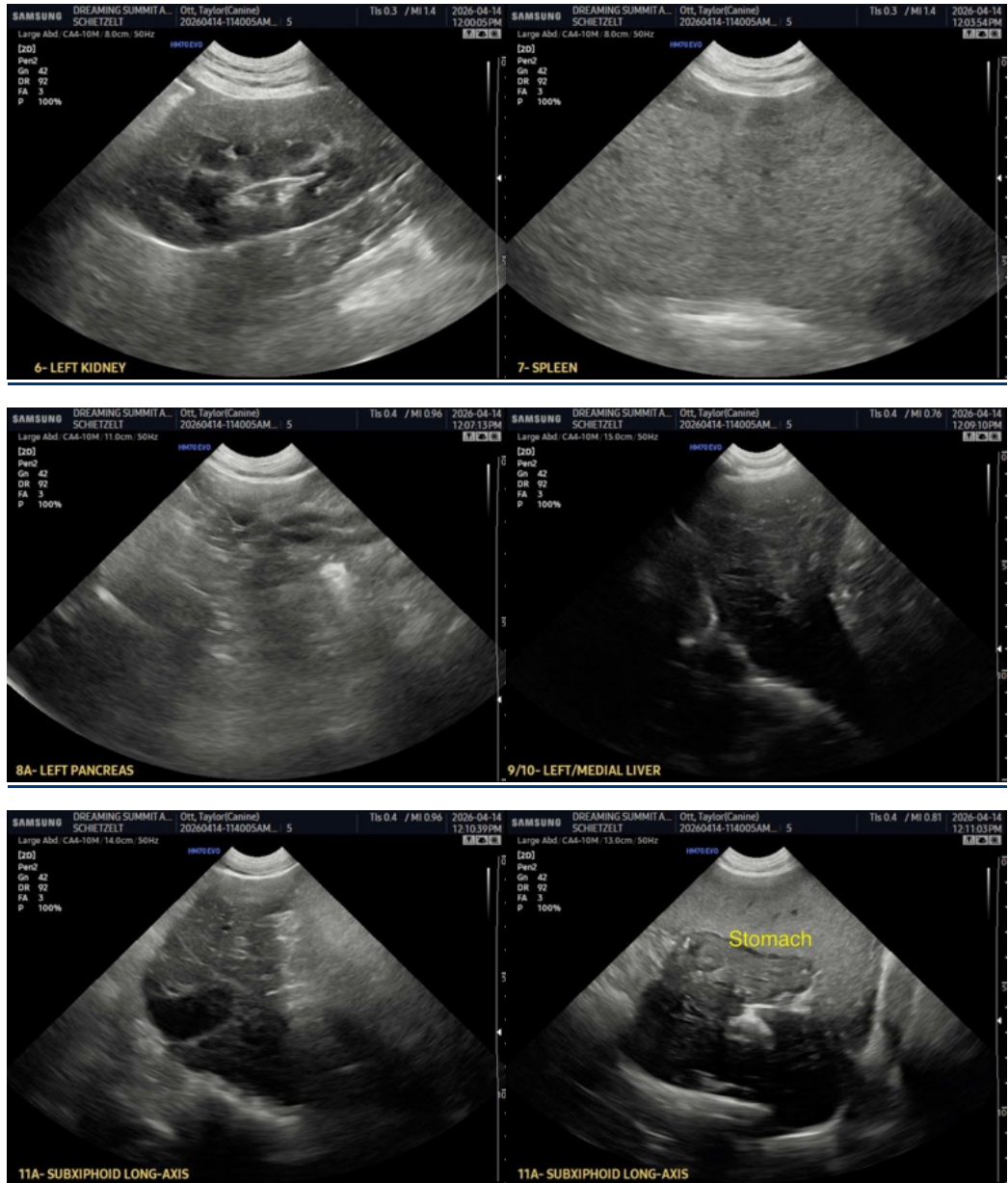
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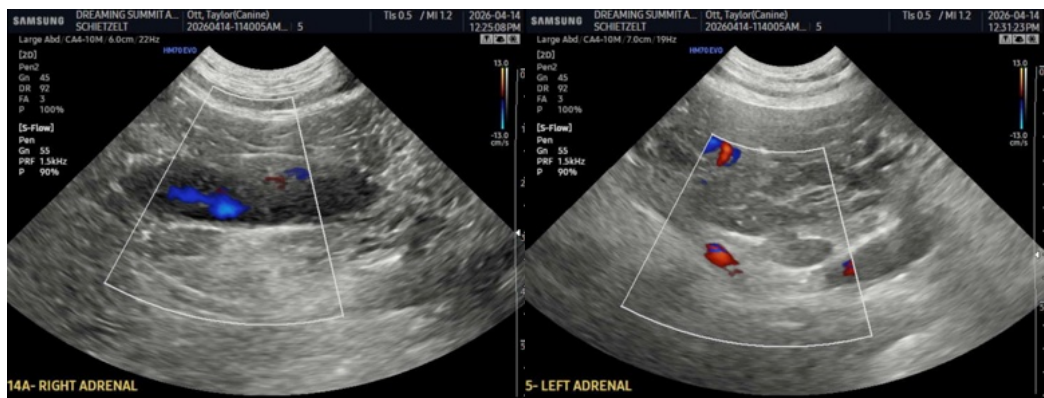
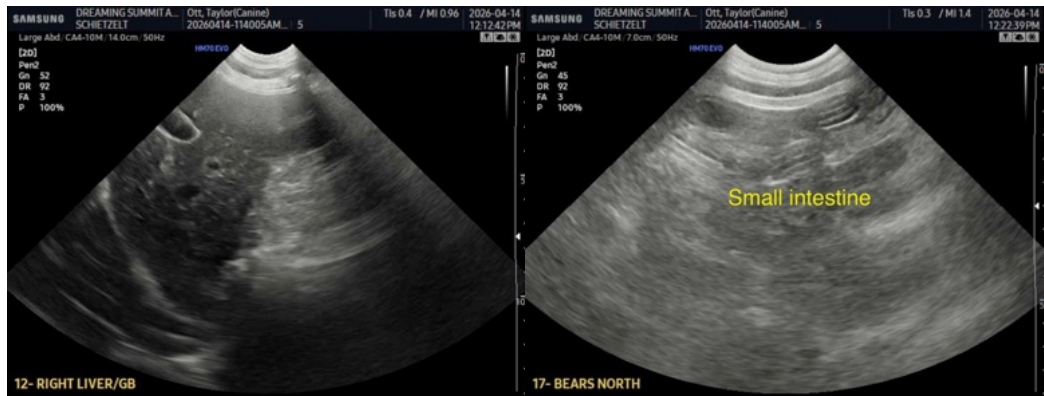
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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