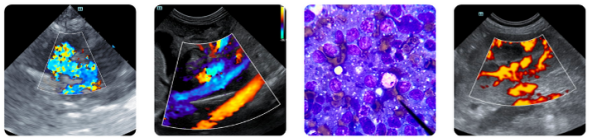


PATIENT

Jojo Schofield

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Spayed female

AGE

8 years

WEIGHT

72.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Janel Schietzelt

HOSPITAL NAME

Dreaming Summit AH

REFERRING VET

Dr. Schietzelt

INVOICE

74759

DATE

4/22/26

PRESENTING CLINICAL SIGNS

History: Patient presents for 2 week history of diarrhea and hematochezia with frank red blood present. Patient has had large plant leaves/material in stool frequently, looks "rolled up" per owner, may be from a palm tree in their yard. No other known dietary indiscretions. No vomiting, is eating normal, mild lethargy per owner.
-No improvement on Hill's biome trial or bland home-cooked diet, or proviable probiotics.
-Vitals WNL on exam, no petechiae, tense on abdominal palpation but very nervous.
-UTD on core vaccines.
-Concern for GI obstruction from organic material, hemorrhagic gastroenteritis, pancreatitis, IBD, Addison's, neoplasia, other
Abnormal PE/Chem/CBC/UA Results: -Owner declined lab work at original appointment outside of fecal O&P which was negative. -Abdominal radiographs declined by owner to screen for mechanical obstruction -Senior profile with CBC/chem27, lytes, and T4 pending

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.

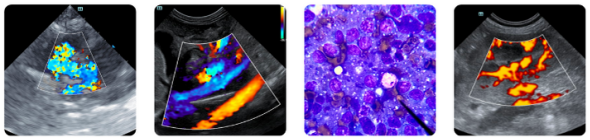
Normal renal size (left measured 6.2 cm, right measured 6.3 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.38 cm in length x 0.49 cm and 0.54 cm in width. The right adrenal gland measured 2.48 cm in length x 1.06 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 1.8 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.

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

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the presenting clinical signs. The presenting clinical s are indicative of colonic disease with possible etiologies being idiopathic colitis, granulomatous disease, ulcerative colitis, inflammatory bowel disease and possibly emerging neoplasia.

Further assessment would be rectal cytobrush cytology and colonoscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be the use of either Sulfasalazine or Olsalazine.

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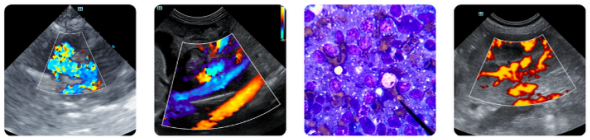

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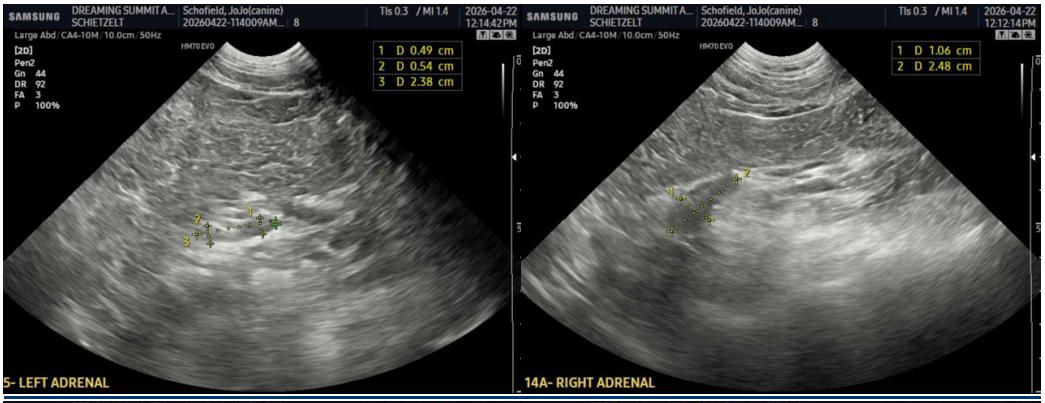

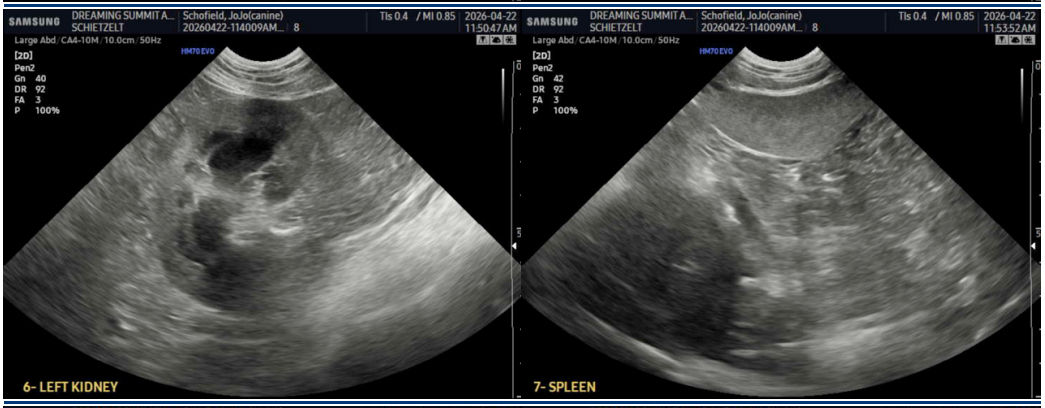

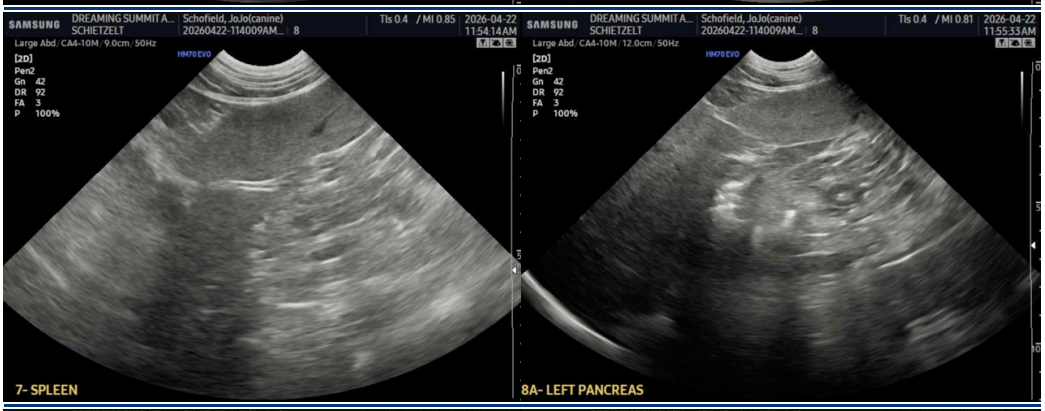

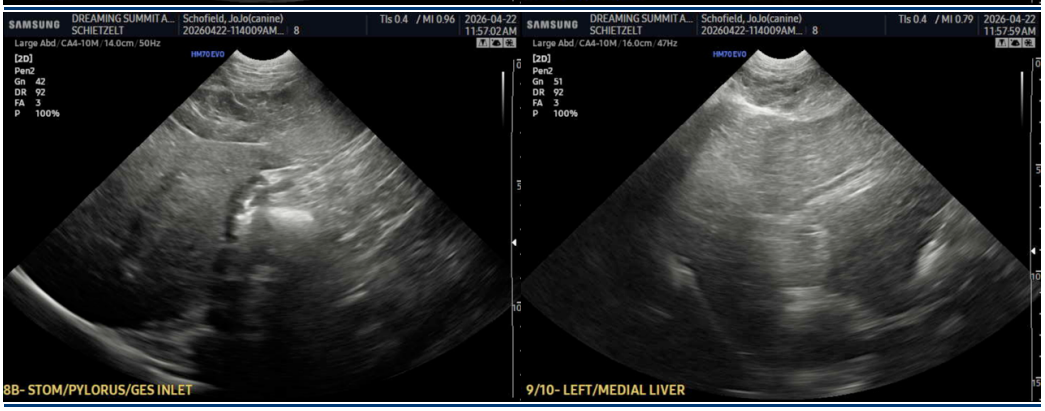

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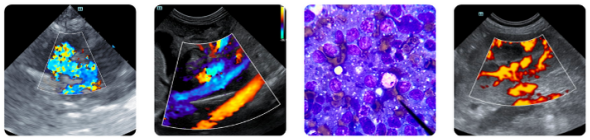

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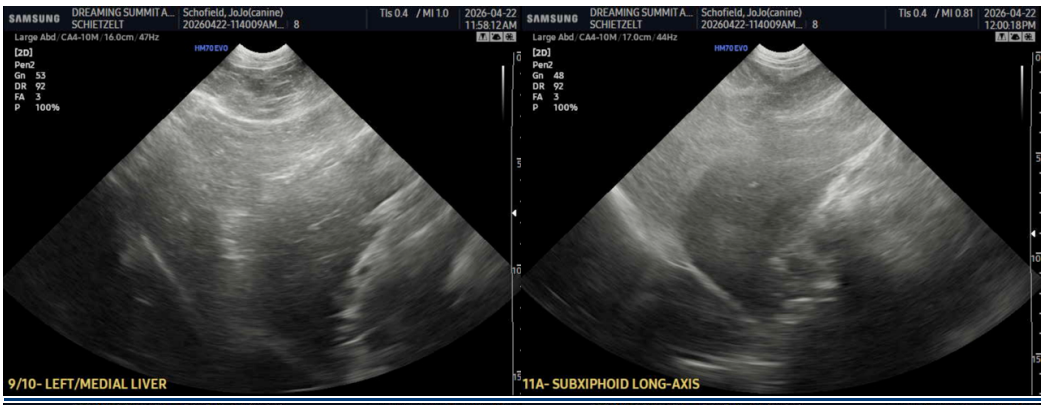

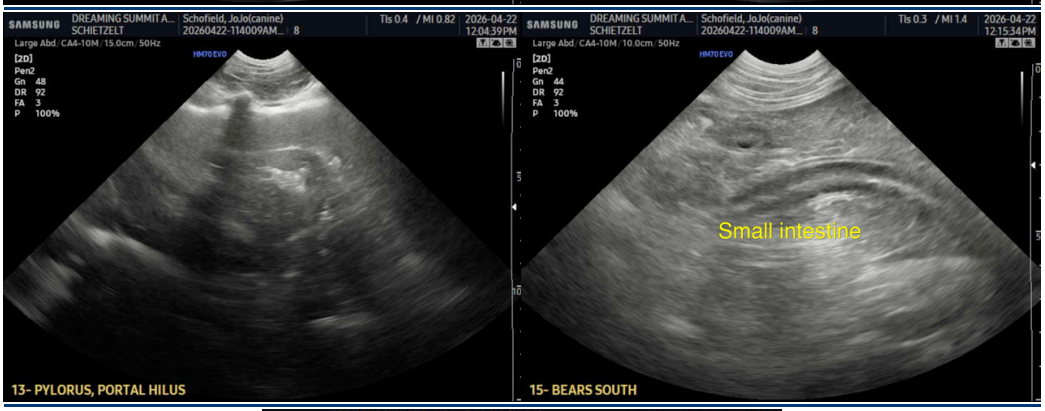

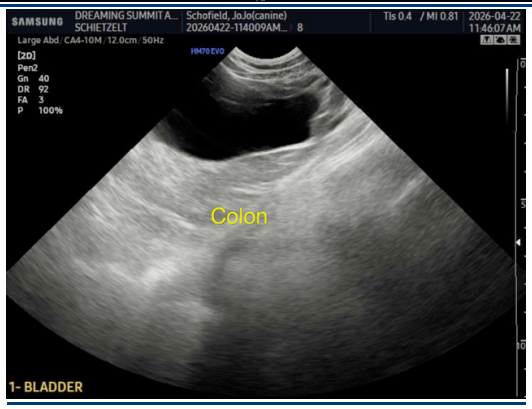

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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