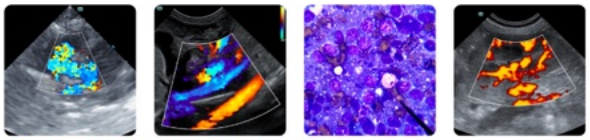


PATIENT

River Haines

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

7 years

WEIGHT

24.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hayes

HOSPITAL NAME

Valley VC

REFERRING VET

Dr. Hayes

INVOICE

74735

DATE

4/22/26

PRESENTING CLINICAL SIGNS

History: PROBLEM LIST: Chronic waxing and waning diarrhea (responsive to sucralfate), history of ham bone ingestion (Nov/Dec 2025), intestinal lymphadenopathy, possible right adrenal mass (vs. another lymph node?), weight loss.
Ddx: trauma with secondary fibrosis/stricture secondary to previous bone ingestion vs. intestinal parasitism (eg. giardia) with false negative on fecal vs. IBD vs. endocrinopathy (possible adrenal mass on ultrasound vs. lymph node - Addison's or Cushing's?) vs. EPI
PLAN:
--> Deworm with safeguard in case of false negative giardia.
--> Wait on Sonopath report for further next steps, but the following options were discussed:
--> Resting cortisol
--> Hill's biome diet
--> Exploratory surgery if condition is not responsive to treatment or worsens
--> Did not discuss testing TLI, but would be reasonable as well to r/o EPI
Abnormal PE/Chem/CBC/UA Results: - Chronic diarrhea that initially responded to omeprazole, metronidazole, and sucralfate. Recurrent episodes have responded to sucralfate alone. - Is known to get into things and uses Interceptor Plus for regular parasite prevention. - Audible borborygmi and flatulence noted by owner. - Fecal ova and parasites with giardia antigen (FDXGP from idexx) negative for everything. - Currently eating Science diet adult dry food.

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.

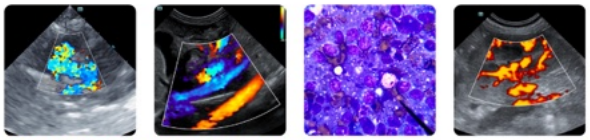
Normal renal size (left measured 5.6 cm, right measured 5.5 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

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 1.81 cm in length x 0.38 cm and 0.39 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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.



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No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.7 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. 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, 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. Normal thickness of the small intestine (up to 0.45 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.

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

Enlarged mesenteric lymph nodes measuring up to 1.2 x 2.0 cm in size with a rounded shape and hypoechogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Mesenteric lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be dietary hypersensitivity, inflammatory bowel disease and possibly emerging lymphoma. Exocrine pancreatic insufficiency would be a less likely differential diagnosis.

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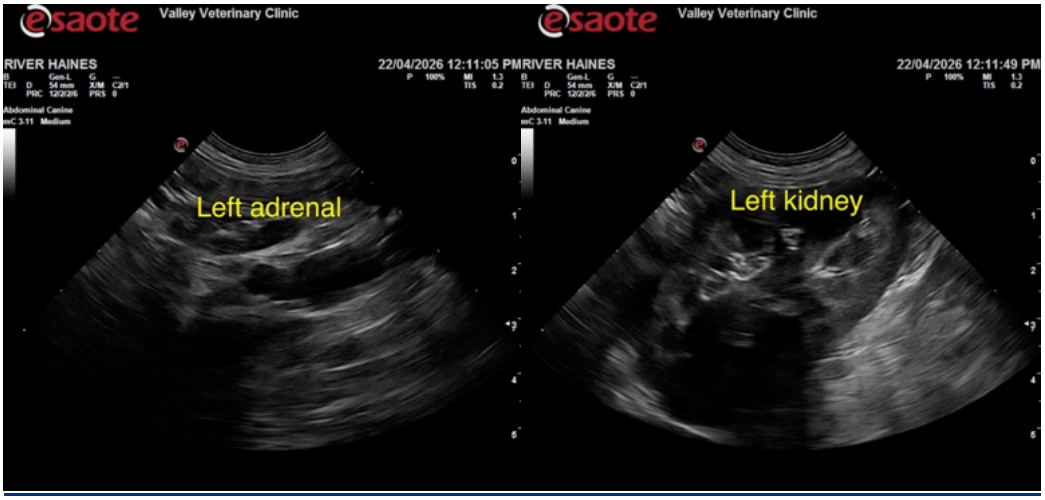
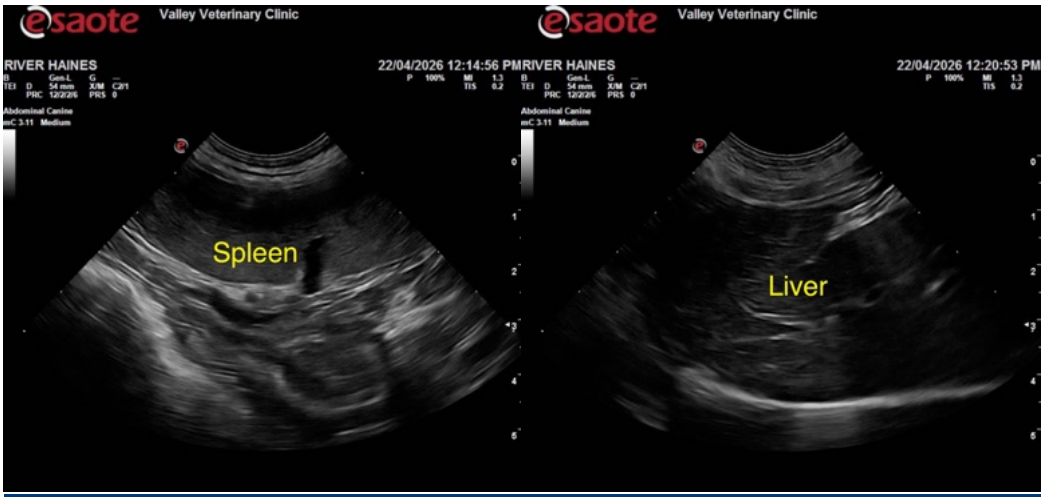
Etiologies for the mesenteric lymphadenomegaly would be reactive hyperplasia, lymphadenitis and infiltrative neoplasia.

Further assessment would be cobalamin, folate and TLI assay, endoscopy of the upper GI tract with biopsies and FNA cytology of the mesenteric lymph nodes.

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 not a satisfactory improvement then a course of Prednisolone would then be indicated.





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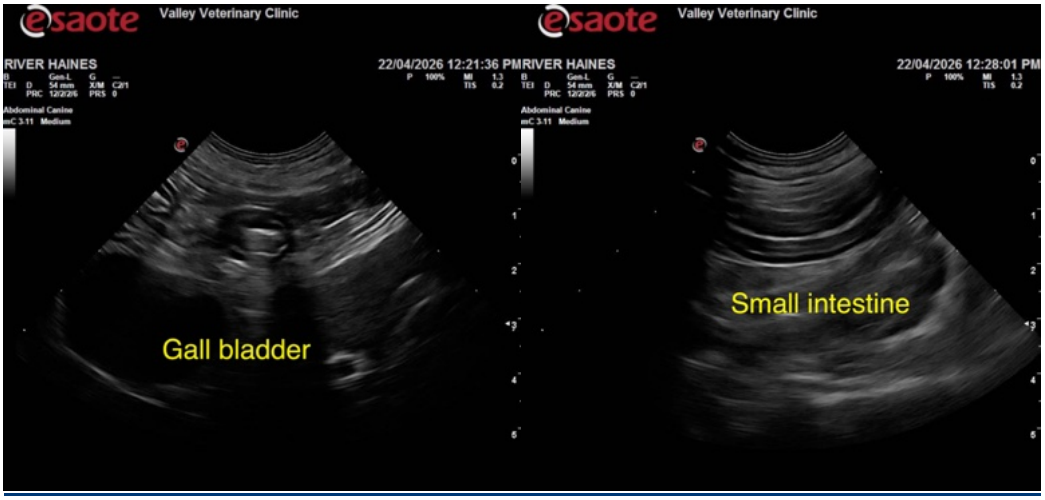
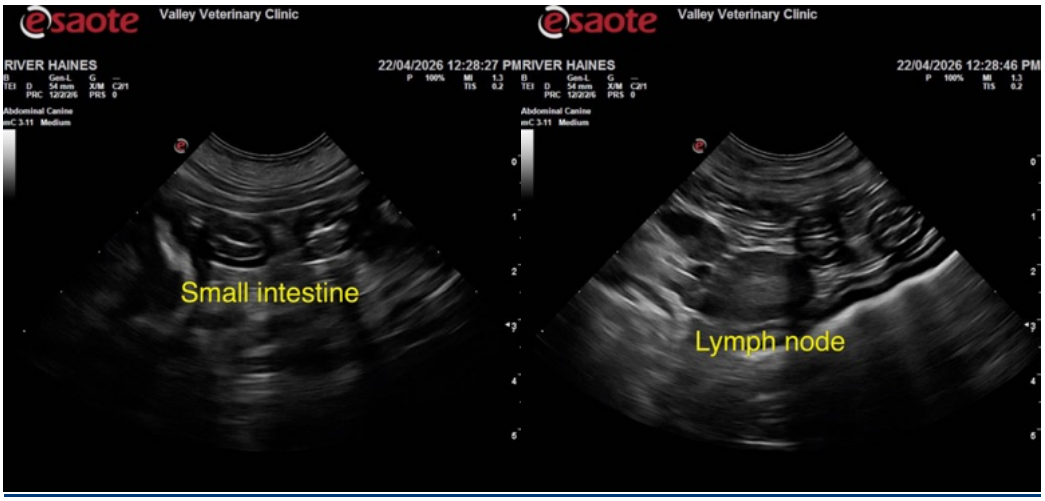
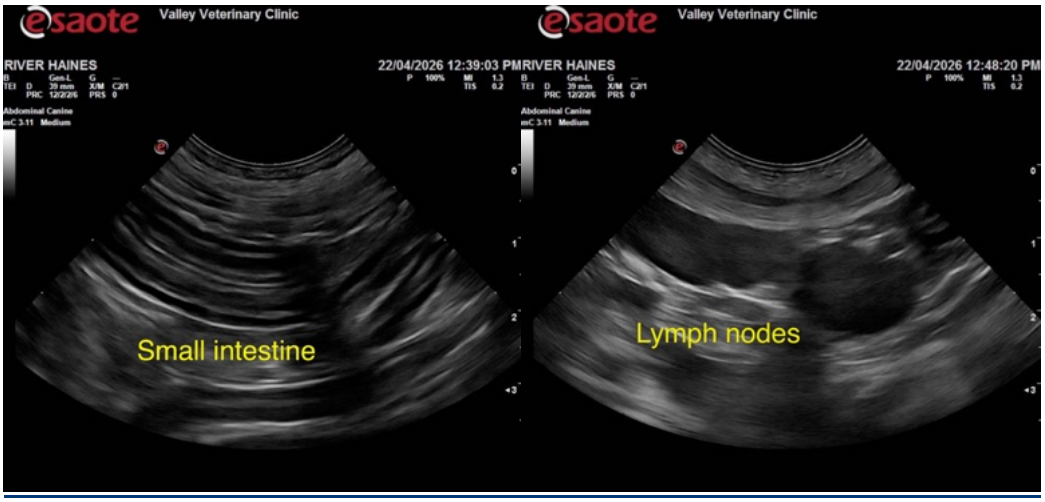
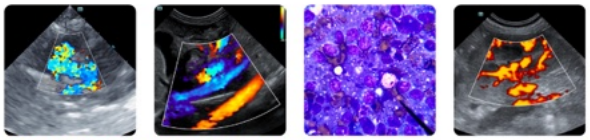






The information and recommendations provided are based on the images presented by the



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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