



## PATIENT

Mr. Bojangles  
Amplement

## SPECIES

Canine

## BREED

Maltipoo Mix

## SEX

Neutered male

## AGE

11 years

## WEIGHT

8.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Bridget Kanelli, LVT

## HOSPITAL NAME

Thorn Avenue AH

## REFERRING VET

Dr. Schaefer

## INVOICE

74975

## DATE

4/29/26

## PRESENTING CLINICAL SIGNS

History: -p is fasted for ~12 hours  
-Chronic on/off vomiting and diarrhea- v typically foamy.  
-p on Famotidine 10mg BID since at least 4/2025

-p on Purina EN

Abnormal PE/Chem/CBC/UA Results: See attached bw from 12/2025 and 5/2025 B12/Folate/TLI was drawn today along with an ACTH response test.

## 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 and iliac blood vessels. The proximal urethra was not visualized.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.7 cm, right measured 3.8 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 noted in both kidneys.

The prostate is not visualized.

### *Adrenal Glands*

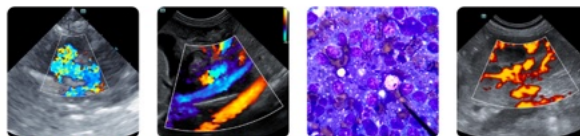
The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.2 cm in length x 0.36 cm and 0.37 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, 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. Focal, irregular, mottled echogenic mass measuring 1.0 x 1.2 cm in the tail of the spleen with some bulging of the overlying capsule noted. The spleen measured 1.0 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 full containing a small amount of non-adhered, hyperechogenic sediment. 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 (0.3 cm) with no loss of layering, but with mild, segmental 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***

Normal mesenteric lymph nodes.

No ascites evident.

## **ULTRASONOGRAPHIC FINDINGS**

- Enteropathy.
- Splenic mass.
- Gallbladder sediment.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease.

Etiologies for the splenic mass would be hematoma, granuloma, and emerging neoplasia.

The gallbladder sediment is most likely an incidental finding.

Further assessment of the enteropathy would be based on the pending results, but could include fecal analysis and endoscopy of the upper GI tract with biopsies.

Ideal management of the splenic mass would be splenectomy especially as there is already bulging of the overlying capsule.



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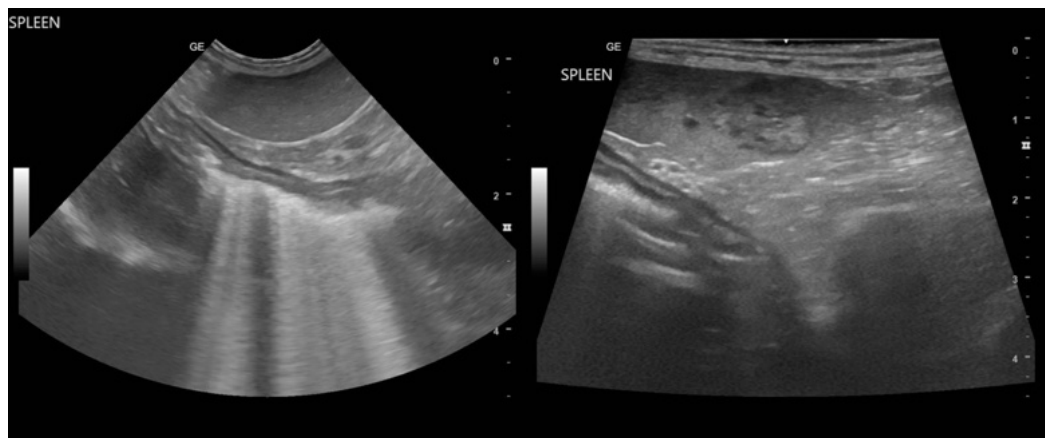
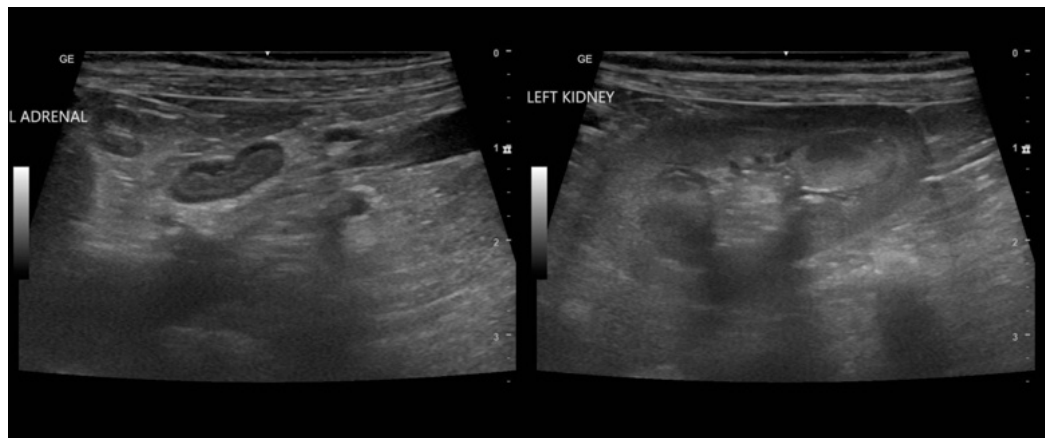
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Three view thoracic radiographs and echocardiography to evaluate the right atrium and right auricle would be recommended prior to any surgery.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the enteropathy would be feeding small frequent meals of a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation if indicated and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.





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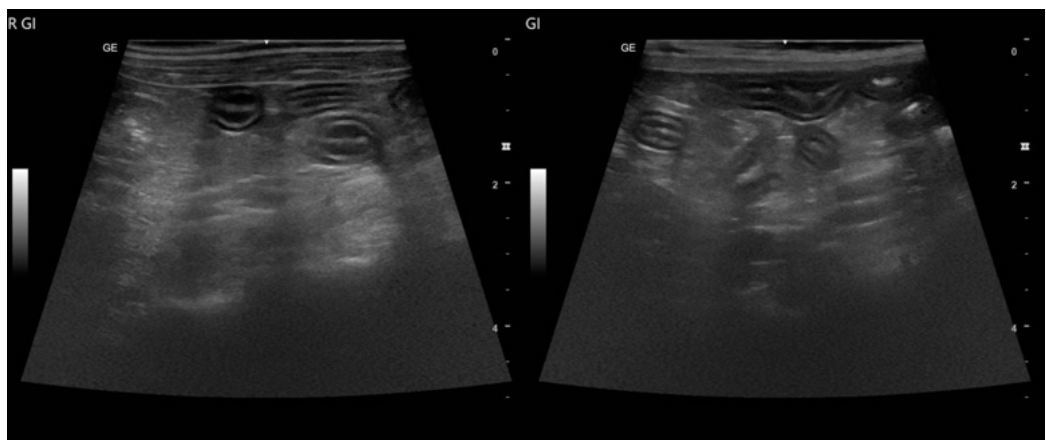
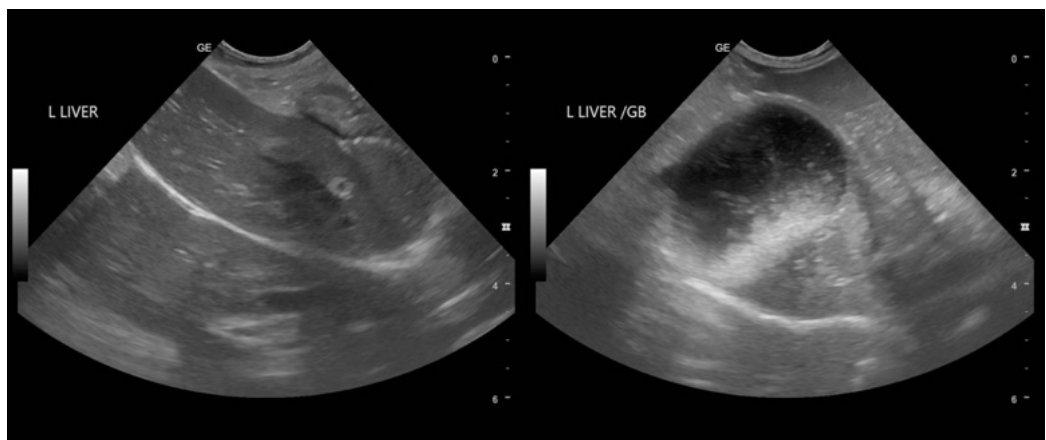
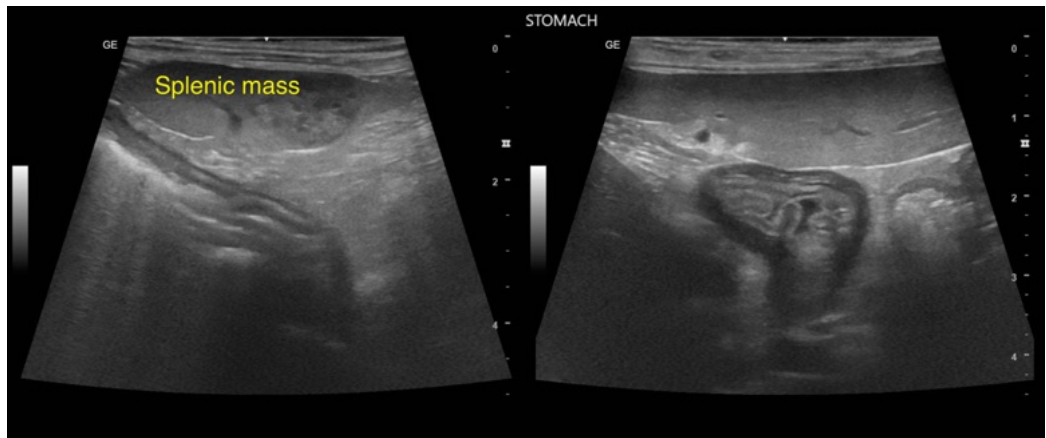
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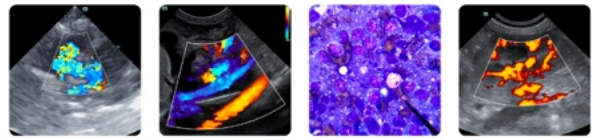
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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