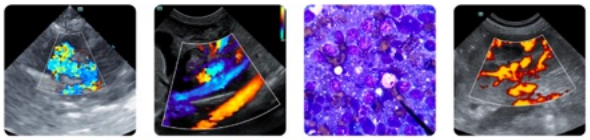


PATIENT

Brick Aitken

SPECIES

Canine

BREED

Poodle

SEX

Neutered male

AGE

6 years

WEIGHT

26.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. Ernst

INVOICE

75040

DATE

4/30/26

PRESENTING CLINICAL SIGNS

History: Chronic gastrointestinal issues. Presented to clinic March 16/26 for diarrhea, blood in stool, decreased energy and appetite. Was prescribed metronidazole. Did see some improvement but once medication was finished, he started having soft stool and abdomen seemed uncomfortable. recommended changing diet.
March 30/20260 began having blood in stool again. owner then changed diet to Purina HA chicken kibble and started another round of metro. Second course helped with the blood in stool but was still having very soft stool. Owner described it as melted ice cream.
April 13/2026 started adding in psyllium husk at 1tbsp daily as well as fortiflora powder.
April 17/2026 started having blood in stool again. Owner opted for a referral for further testing.
Premed: Medetomidine 8 ug/kg = 0.2 mL IM Torbugesic 0.2mg/kg = 0.5 mL IM Emavert 2.6 mL SQ

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 6.0 cm, right measured 6.1 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.

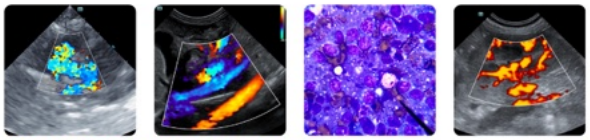
The prostate is small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.42 cm and 0.45 cm in width. The right adrenal gland measured 0.63 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 1.9 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 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, 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. Fecal material was present in the colon.

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 chronic intestinal disease. Although the GI tract appears ultrasonographically normal, with the presenting clinical signs an underlying enteropathy such as dietary hypersensitivity, parasitic enteritis, and inflammatory bowel disease should still be considered. Exocrine pancreatic insufficiency would be a less likely differential diagnosis.

Further assessment would be fecal analysis, cobalamin, folate and TLI assay and endoscopy of the upper and lower GI tract.

Specific therapy would be dependent on an etiological diagnosis.

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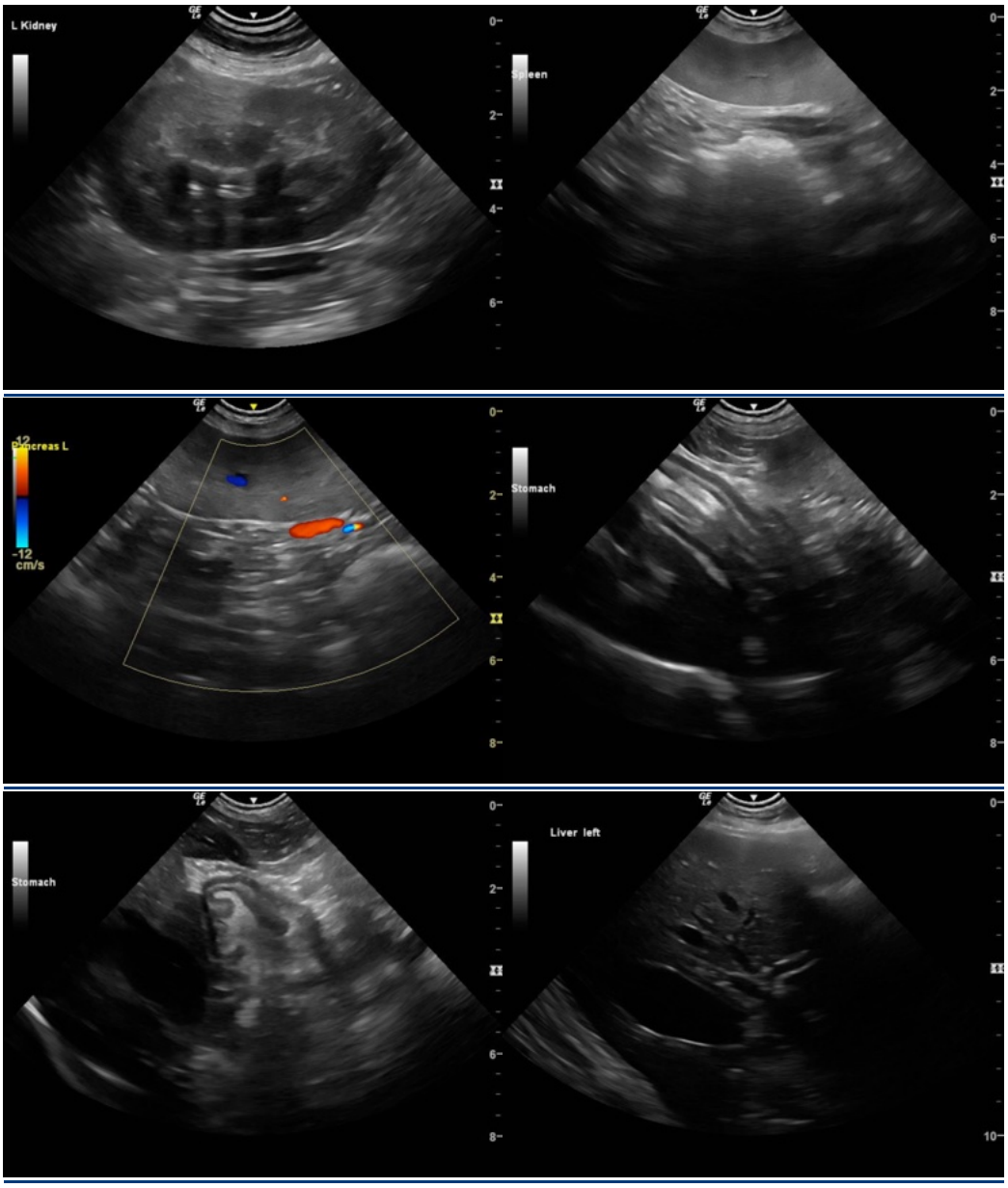
Symptomatic management would be to continue with the current hypoallergenic diet, course of Fenbendazole, cobalamin supplementation and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.



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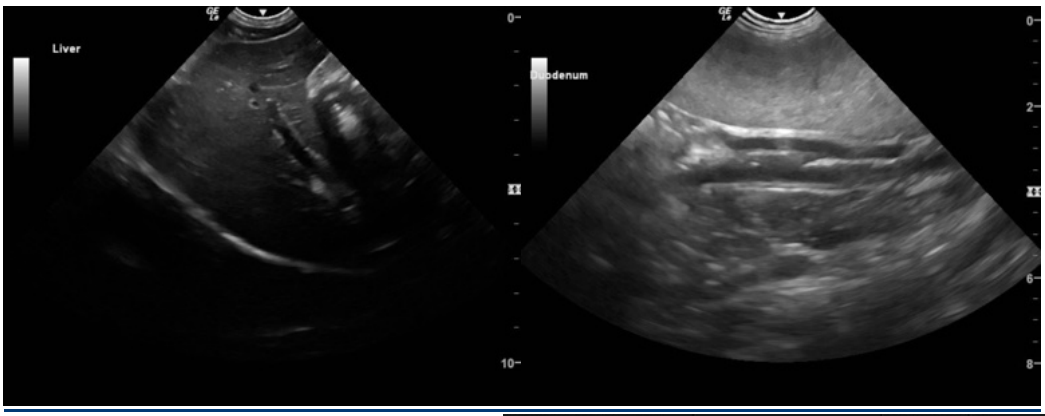

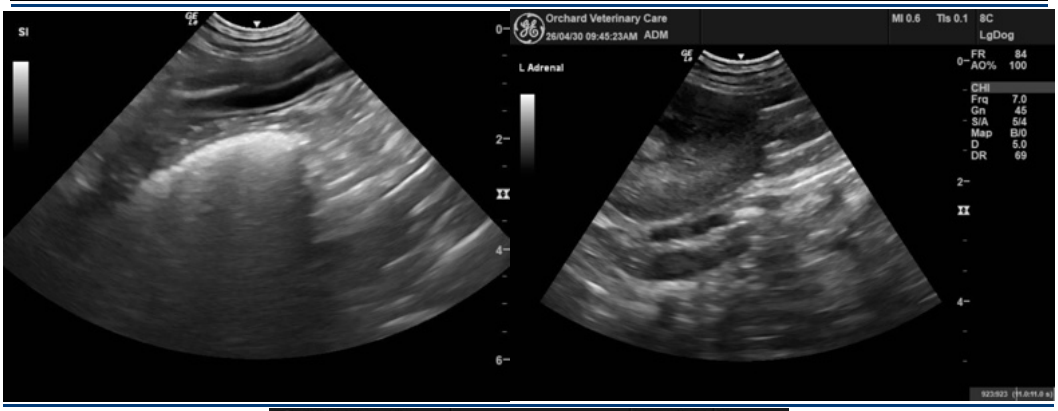

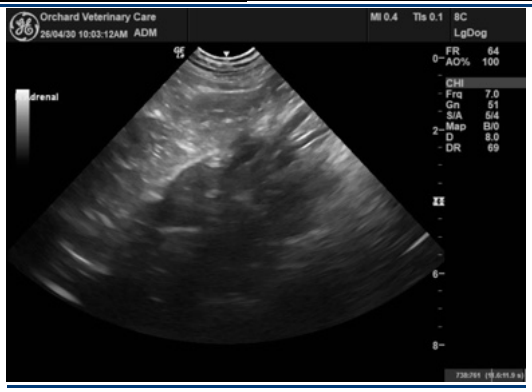

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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