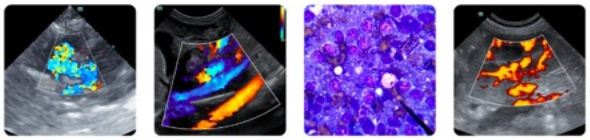


PATIENT

Nova Kohl

SPECIES

Canine

BREED

Rottweiler Mix

SEX

Spayed female

AGE

5 years

WEIGHT

73 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Myers VMD

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Zhang

INVOICE

74225

DATE

4/7/26

PRESENTING CLINICAL SIGNS

- Recurring GI signs ranging from diarrhea with hematochezia to inappetence and vomiting. Has been on purina HA for >2 months now. Current clinical signs include intermittent vomiting and inappetence over the past 5 days and having diarrhea. O declined repeating bloodwork, most recent fecal in Feb was NPS and blood gas at this time was WNL(full panel was not done). Last mini chem panel was Nov 2025 and kidney, liver, proteins all looked normal.
- Current meds: Endosorb, Maropitant from ER yesterday
- Historically has been on propectalin, biome, metronidazole.
- was 88lbs Nov 2025, today is 73.

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 6.5 cm, right measured 6.6 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

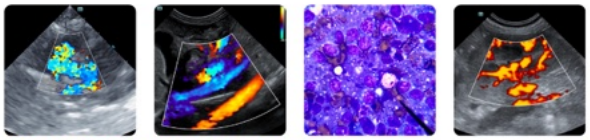
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.45 cm in length x 0.49 cm and 0.6 cm in width. The right adrenal gland measured 2.74 cm in length x 0.47 cm and 0.65 cm in width.

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 2.4 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 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, 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 0.5 cm) with no loss of layering , but with a 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the presenting clinical signs and lack of response to feeding a hypoallergenic diet.

The most likely etiology for the enteropathy would be inflammatory bowel disease with emerging lymphoma a possible differential diagnosis.

Although the visible section of the pancreas appear ultrasonographically normal, low grade pancreatitis should still be considered as a possible comorbidity.

Further assessment would be cobalamin, folate and CPL/PSL assay and endoscopy of the upper and lower GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be to continue feeding a hypoallergenic diet, cobalamin supplementation and possibly a course of Prednisolone.

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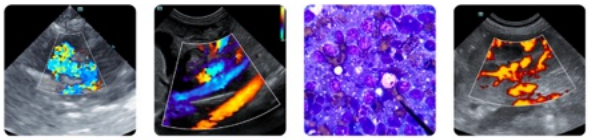

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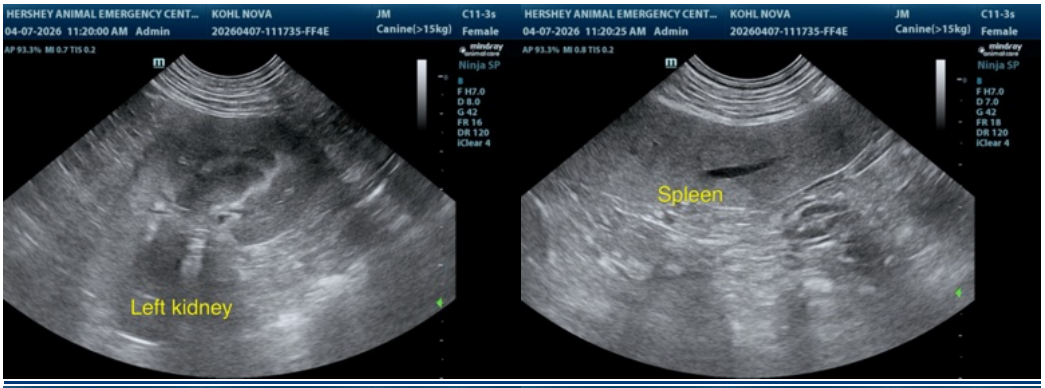

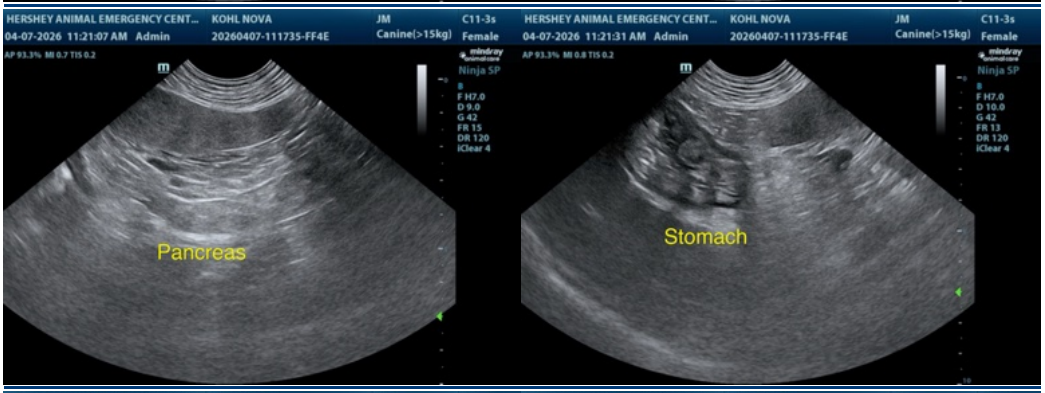

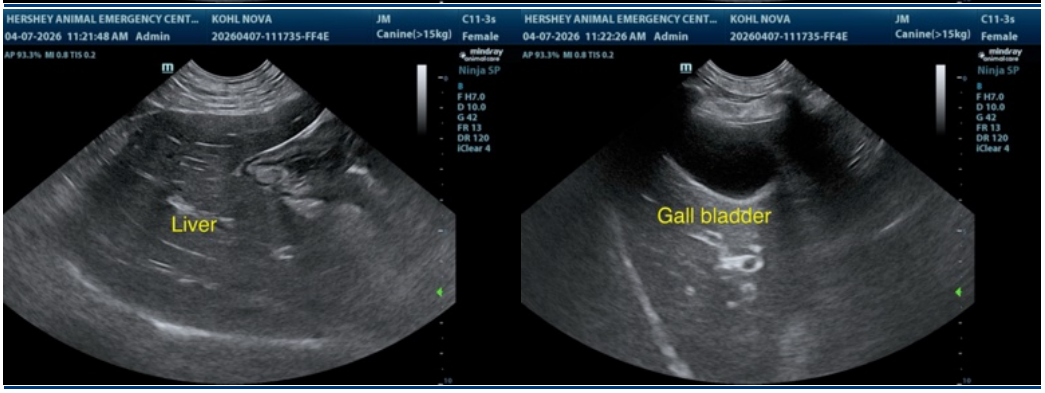

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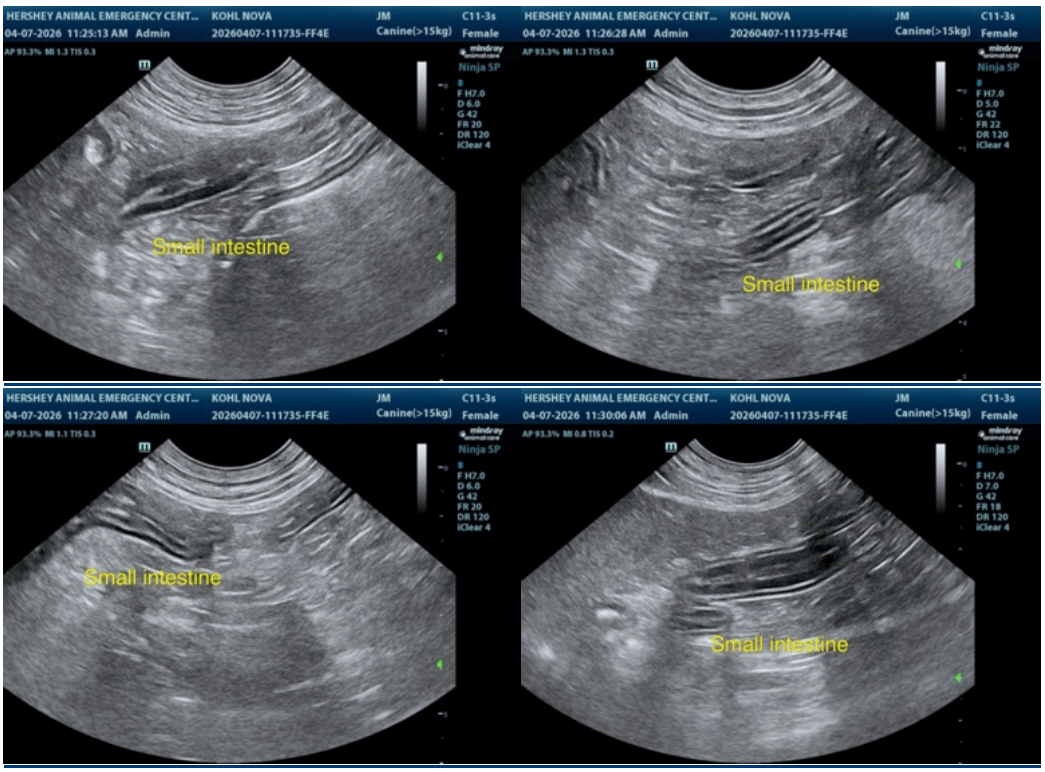

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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