



PATIENT

Simon Clark

SPECIES

Canine

BREED

Siamese

SEX

Neutered male

AGE

10 years

WEIGHT

4.98 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gagne

HOSPITAL NAME

Hart Family VC

REFERRING VET

Dr. Gagne

INVOICE

74323

DATE

4/8/26

PRESENTING CLINICAL SIGNS

History: -vomiting on and off. Okay for few days then stops eating and vomiting. Lethargic during episodes. On urinary diet. Indoor only. Eating less than normal but is eating currently. No pain on abd palpation.

Pancreatic lipase wnl, CBC wnl, chem wnl, SDMa/T4 wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment.

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 4.3 cm, right measured 4.1 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.

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 0.41 cm in width. The right adrenal gland was not visualized.

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 measures 0.6 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 moderate 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. Segmental thickening was noted in the small intestine (up to 0.37 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. A small amount of ingesta is present in the stomach compatible with a recent meal.

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 1.4 x 3.6 cm in size with a hypoechogenic appearance and a rounded shape.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Mesenteric lymphadenomegaly.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the appearance of the mesenteric lymph nodes and the segmental thickening of the small intestine as well as the increase in the muscularis to mucosa ratio. Intestinal lymphoma would be an important differential diagnosis for this patient.

Other etiologies to consider would be parasitic enteritis, inflammatory bowel disease and possibly dietary hypersensitivity.

Additional etiologies for the mesenteric lymphadenopathy would be reactive hyperplasia and lymphadenitis.

The gallbladder sediment can be considered an incidental finding.



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Initial further assessment would be FNA cytology of the mesenteric lymph node.

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Additional diagnostics that can be considered would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

SPECIES

Specific therapy would be dependent on an etiological diagnosis.

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Symptomatic management that could be considered would be feeding a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation and if there is still not a satisfactory improvement then a course of Prednisolone would then be initiated.

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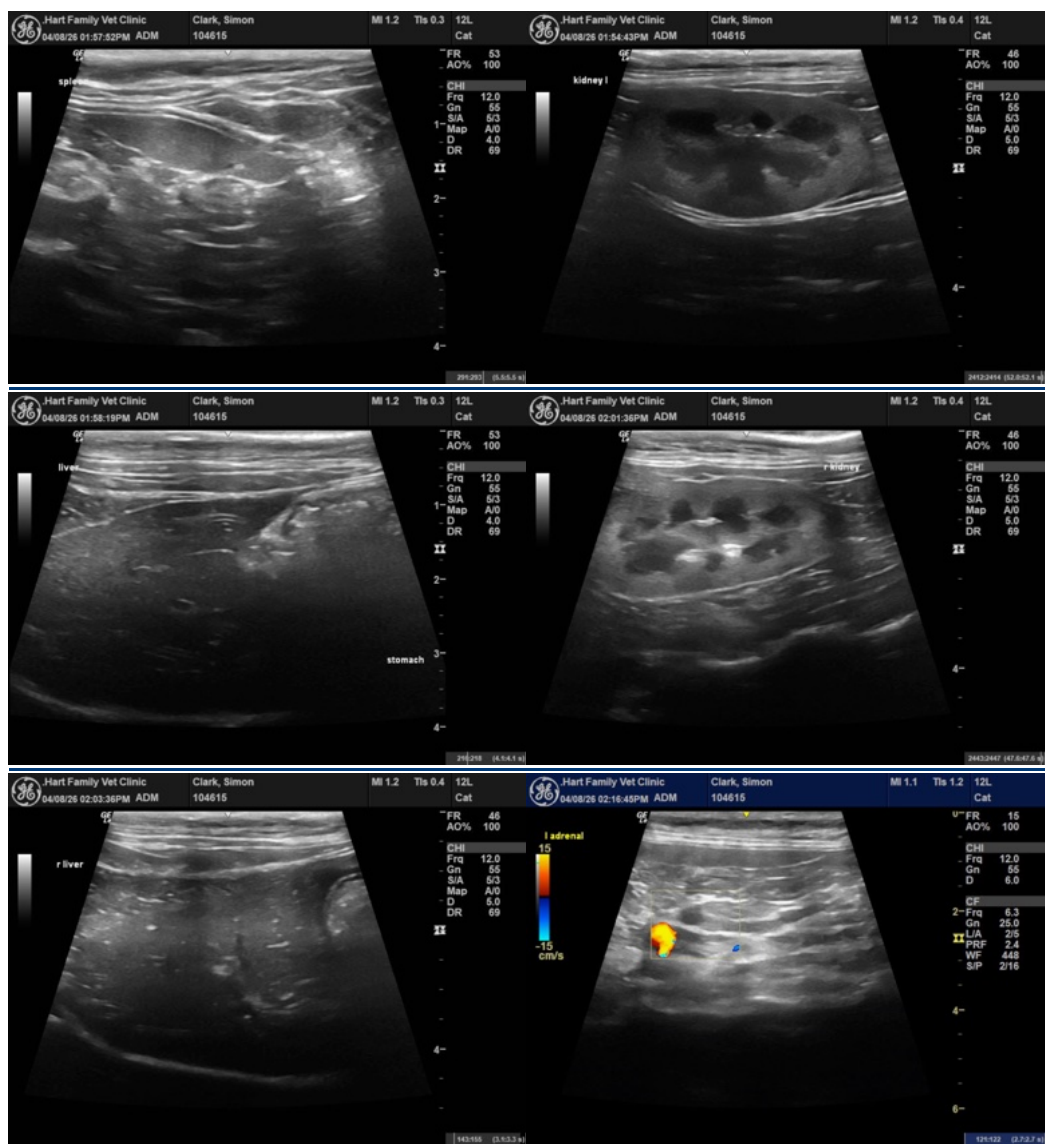
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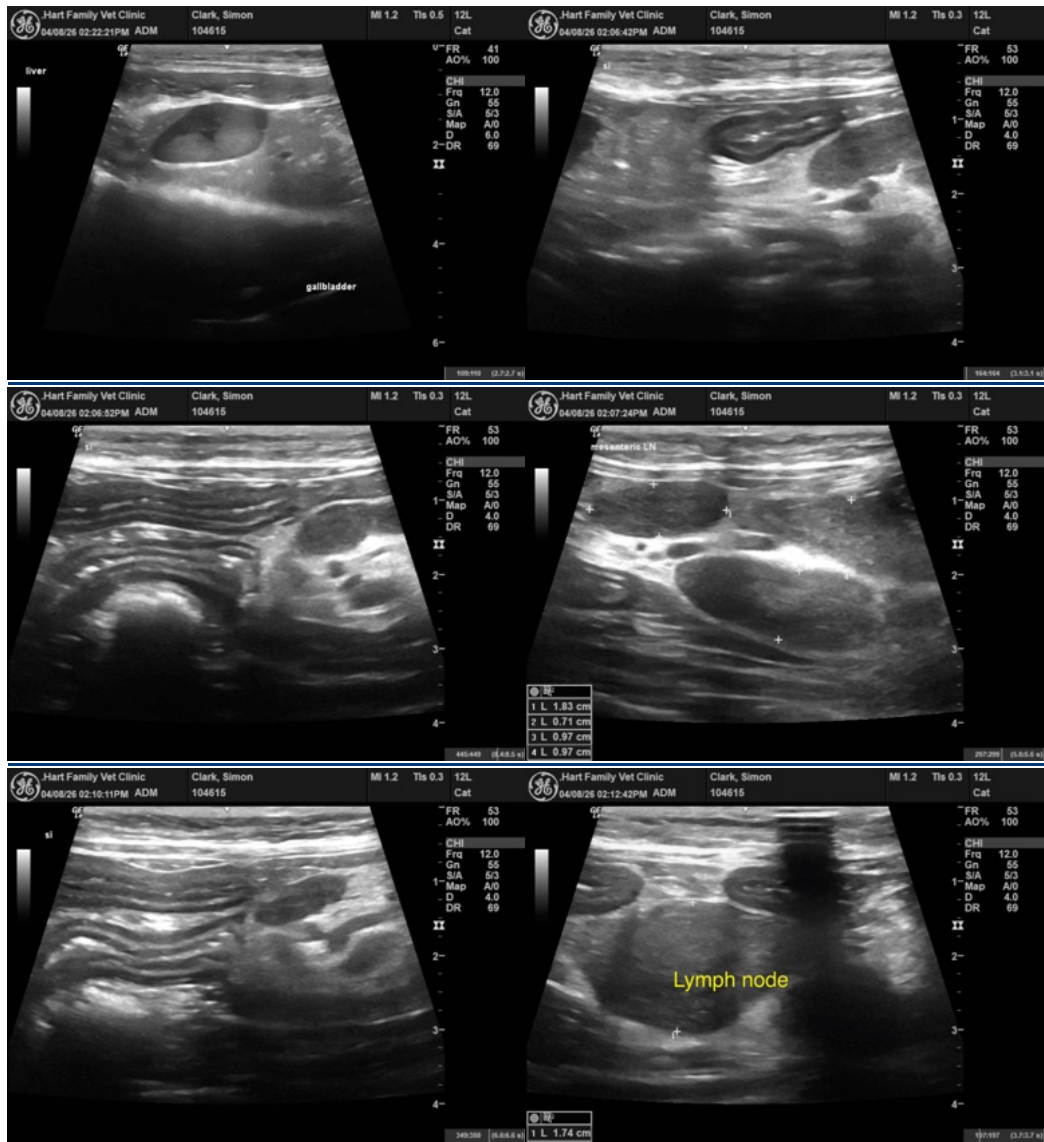
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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