



PATIENT

Zoe Conway

SPECIES

Canine

BREED

Maltipoo

SEX

Spayed female

AGE

12 years

WEIGHT

11.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Leanna Boyd

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Nguyen

INVOICE

74350

DATE

4/9/26

PRESENTING CLINICAL SIGNS

History: 12yo FS Maltipoo with history of chronic vomiting and diarrhea, suspected IBD and gets VitB12 injections q1month and hypoallergenic diet with some improvement but P recently had 1 week of dark red hematochezia, vomiting, and inappetence.

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 3.8 cm, right measured 3.6 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 1.22 cm in length x 0.36 cm and 0.39 cm in width. The right adrenal gland measured 1.8 cm in length x 0.4 cm and 0.42 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.

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 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.



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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, with no loss of layering, but with mild increase in the muscularis to mucosal ratio, normal peristaltic activity and no distension of the lumen. A moderate amount of fluid is present in the stomach. Liquid fecal material is 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

- Enteropathy.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the enteropathy would be inflammatory bowel disease as with the patient's history with parasitic enteritis a possible complication.

As the presenting clinical signs are indicative of colonic disease, etiologies to consider would be inflammatory bowel disease, parasitic colitis, emerging granulomatous disease and idiopathic colitis.

Further assessment would be fecal analysis and possible endoscopy of the upper and lower GI tract with biopsies.

Further specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be to continue with the hypoallergenic diet and cobalamin supplementation, but to add a course of Fenbendazole and possibly Prednisolone.



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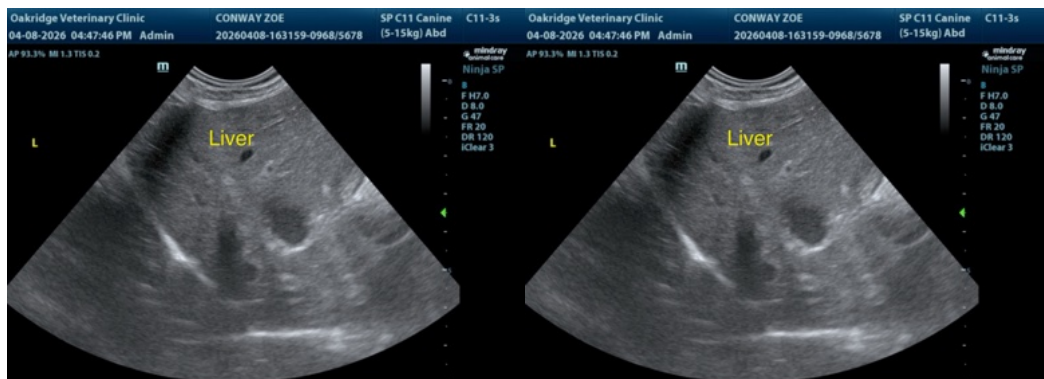
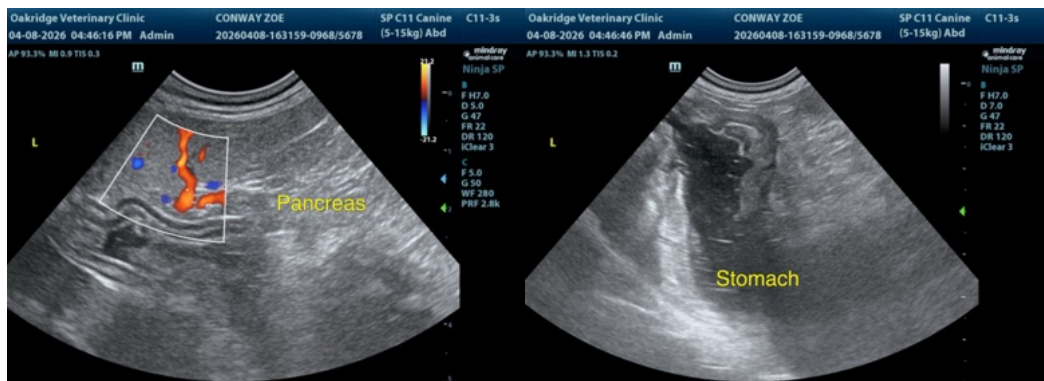
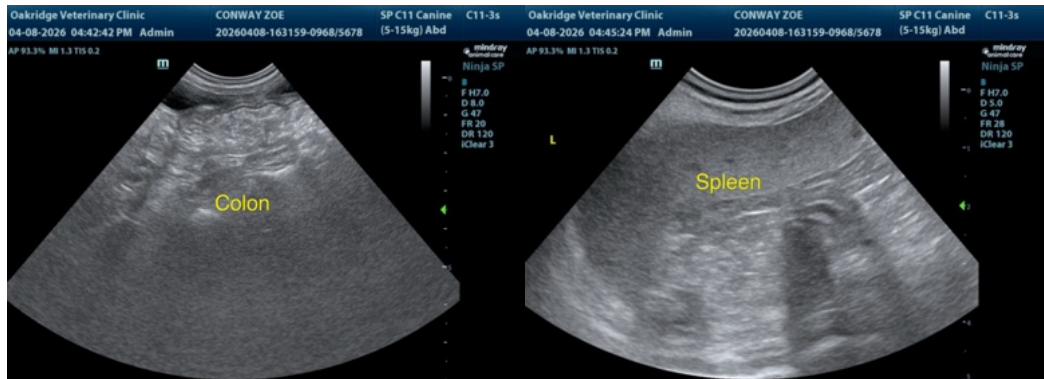
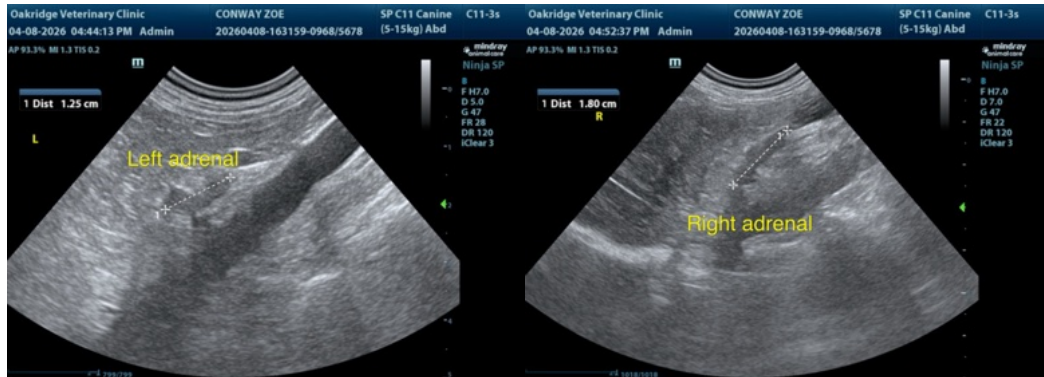
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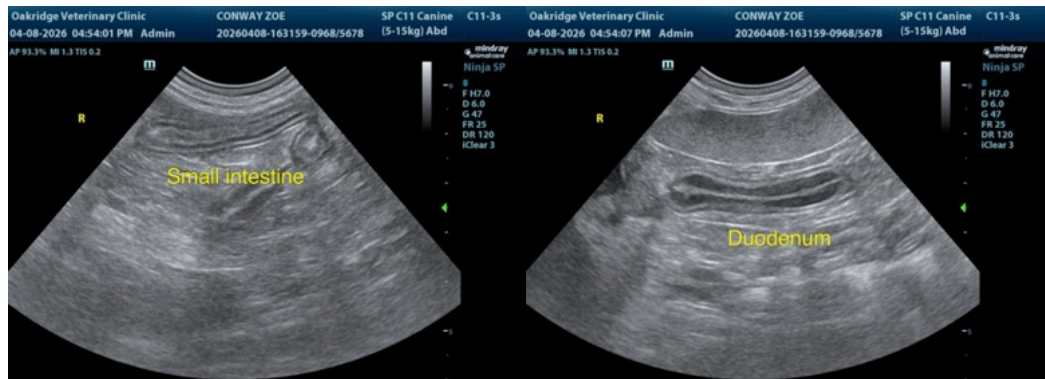
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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