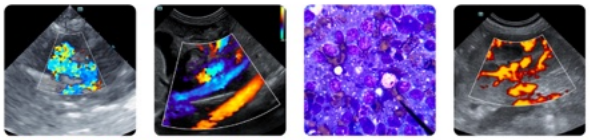


PATIENT

Nash Mills

SPECIES

Canine

BREED

Yorkshire Terrier Mix

SEX

Neutered male

AGE

9 years

WEIGHT

30.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Justin Eckenrode

HOSPITAL NAME

Carlisle Small Animal VC

REFERRING VET

Dr. Shamitko

INVOICE

75352

DATE

5/12/26

PRESENTING CLINICAL SIGNS

Major Medical Conditions : Frank blood in stool
Patient History : Chronic bloody stools (frank blood) that will resolve with supportive care. O does not feed P traditional dog food - O states P will not eat it. Historical episodes of pancreatitis as far back as 2022. Historically lyme positive on SNAP testing. No increase in drinking or urination.
Primary concern or rule out: GI changes (inflammatory/neoplasia) vs endocrine vs other
Spayed/neutered : neutered
Abnormal PE/Chem/CBC/UA Results: 4/15/26 CBC/Chem MONOCYTE 1143 (736H) GLOBULIN 4.2 (4.0H); ALP 1366 (160H); BILIRUBIN CONJUGATED 0.1 (0.1H); CHOLESTEROL 369 (345H); LIPASE1419 (250H); CREATINE KINASE 240 (200H); TT4 0.9 (1.0L) - TSH not run

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 5.4 cm, right measured 5.6 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.

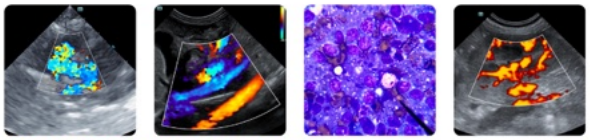
The prostate is small and hypoechogenic measuring 0.9 cm in width.

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 0.4 cm and 0.42 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.2 cm in width.



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Liver

Normal size with a diffuse, mottled, echogenic appearance, normal 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.

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

- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a highly unlikely differential diagnosis.

With the presenting clinical signs, primary colonic disease needs to be considered with possible etiologies being idiopathic colitis, parasitic disease, granulomatous colitis, ulcerative colitis, inflammatory bowel disease and possibly emerging neoplasia.

Further assessment would be fecal analysis, rectal cytobrush cytology and colonoscopy with biopsies. FNA cytology of the liver can also be considered. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

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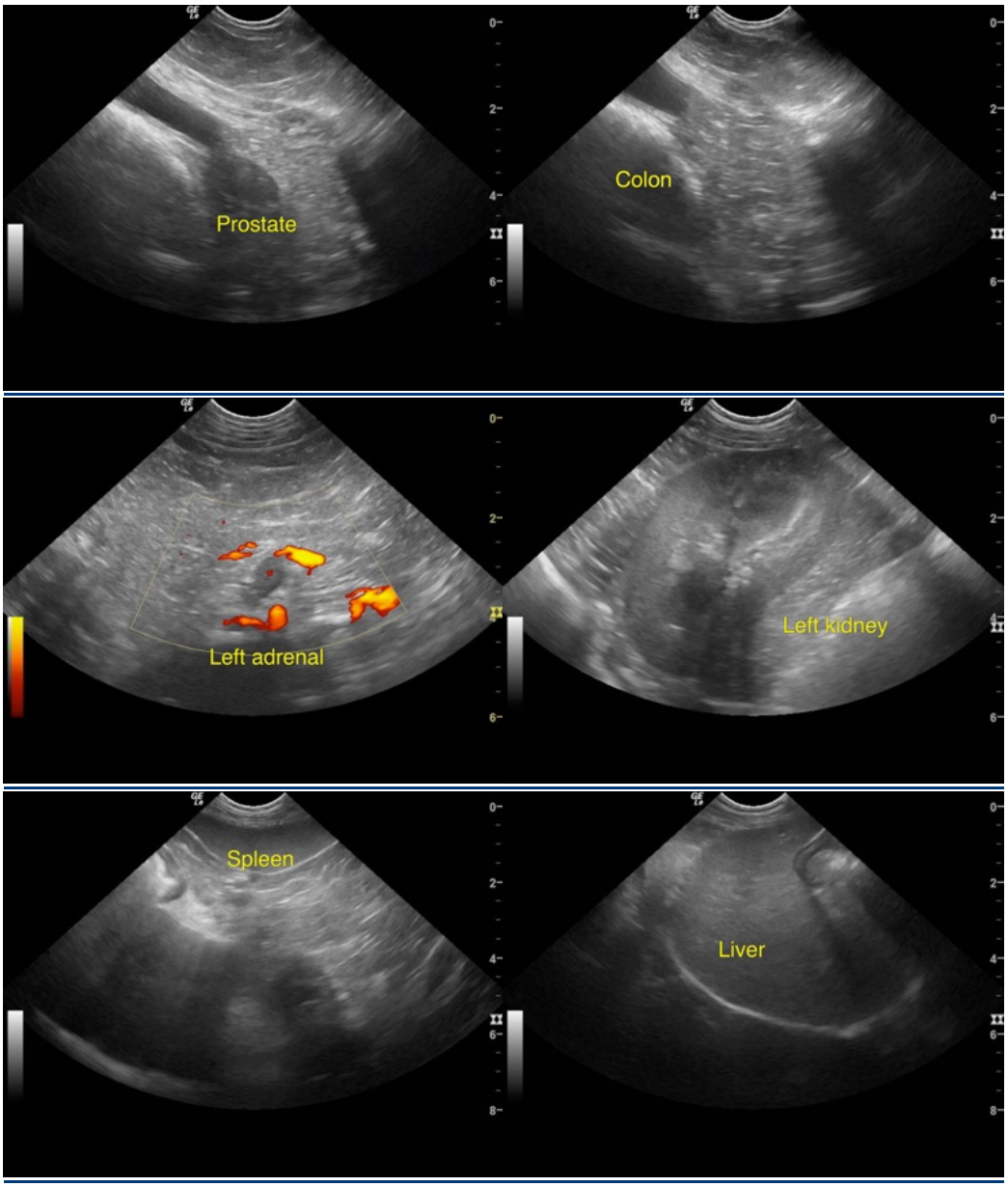
Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the colonic disease would be a course of Fenbendazole either Sulfasalazine or Olsalazine and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.

Symptomatic management of the hepatopathy would be the use of Ursodiol with regular monitoring of liver enzyme activity.



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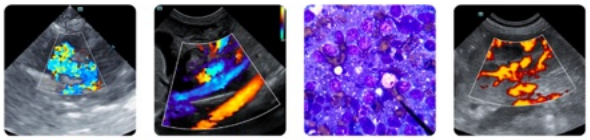

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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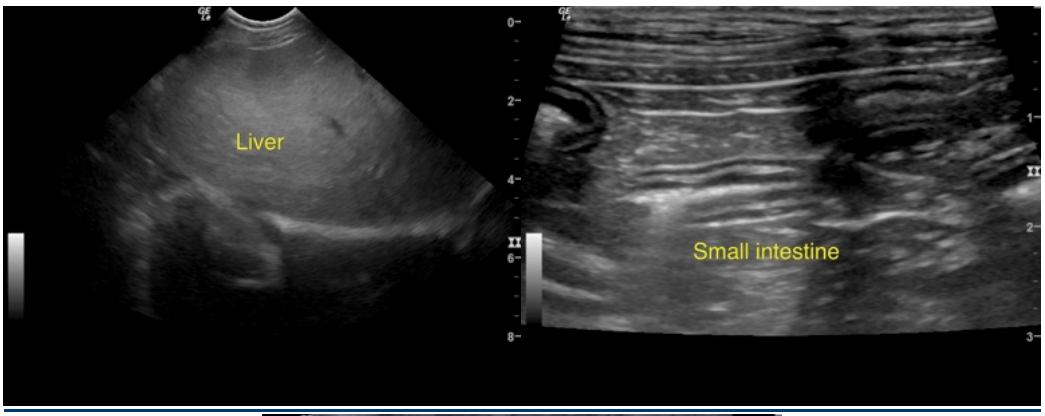

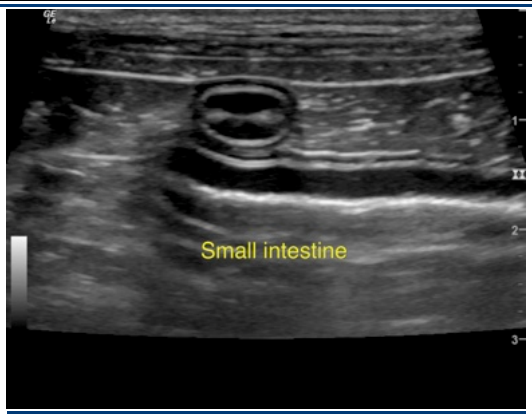

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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