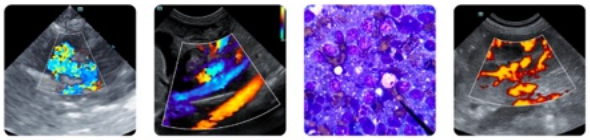


PATIENT

Kismet Pearson

SPECIES

Canine

BREED

Mixed

SEX

Neutered male

AGE

8 years

WEIGHT

36.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Helstein

HOSPITAL NAME

Veterinary Emergency Group Peabody

REFERRING VET

Dr. Helstein

INVOICE

75547

DATE

5/14/26

PRESENTING CLINICAL SIGNS

History: Kismet is an 8 yr old MN Mixed Breed dog that presents for an abdominal ultrasound to further work-up intermittent inappetence and weight loss. Kismet has been going through intermittent bouts of inappetence with weight loss for months. Kismet was 85 lbs and dropped to 77 lbs (in March) and is now 80 lbs. The family has been being trying very hard to get Kismet to gain weight.
Kismet has not had any episodes of vomiting or diarrhea, coughing, wheezing, sneezing or open mouth breathing. Kismet is not on any medications or supplements other than his monthly preventative Credelio Quattro.
Abnormal PE/Chem/CBC/UA Results: Blood work and radiographs have been within normal reference ranges

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small 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 6.8 cm, right measured 6.9 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

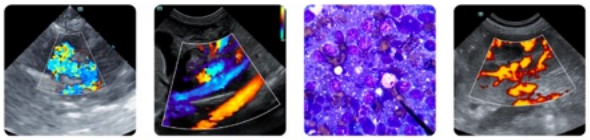
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.63 cm in length x 0.7 cm in width. The right adrenal gland measured 0.66 cm in width.

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 2.9 cm with 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 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. A moderate 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

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the urinary bladder sediment would be incidental debris and crystalluria with hematuria and bacterial cystitis a less likely differential diagnosis.

On this ultrasound there is no obvious etiology for the presenting clinical signs.

Although the GI tract appears ultrasonographically normal, with the presenting clinical signs an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease should still be considered.

Further assessment would be urine and fecal analysis, possible urine culture, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

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 could then be considered.

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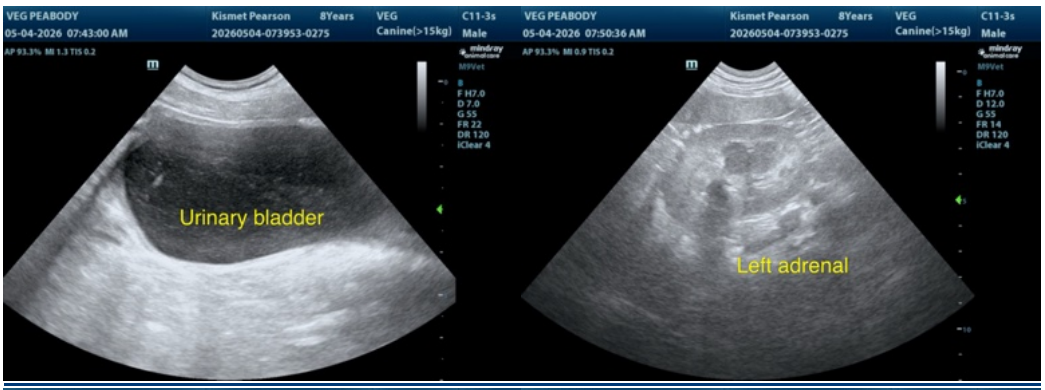

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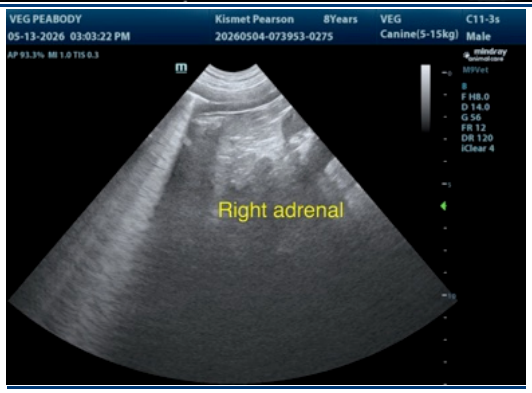

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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