



PATIENT

Misty Maddalena

SPECIES

Canine

BREED

Terrier

SEX

Spayed female

AGE

13 years

WEIGHT

32 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Hughe

INVOICE

77806

DATE

5/20/26

PRESENTING CLINICAL SIGNS

Diarrhea and weight loss.

History

- Renal disease
- Episodes of vomiting in April and August of 2022.
- Bloody diarrhea on February 6, 2026, which responded to metronidazole, Provable, and a bland diet.
- Diarrhea recurred on March 19, 2026, with weight loss.
- Diarrhea recurred again on May 15, 2026, with more weight loss.
- Current medications: Tylosin powder.

- Still eating and drinking

CLINICAL SIGNS: rapid weight loss and diarrhea in addition to significant azotemia

MEDICATIONS:

Tylosin powder

Abnormal PE/Chem/CBC/UA Results: - BUN: 108 mg/dL (elevated) - Creatinine: 4.3 mg/dL (elevated) - Potassium: 2.8 mEq/L (low) - Calcium: 12.0 (high normal) - Globulin: 8.3 g/dL (elevated) - 4DX: negative as of July 2025 Unknown- Urinalysis (performed a few days ago): USG 1.020, proteinuria. A UPC is pending.

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 5.5 cm, right measured 5.6 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule. Right sided pyelectasia is noted and the left pelvis is normal. 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. A focal, hyperechogenic parenchymal nodule was noted in the cranial pole. Left adrenal gland measured 2.21 cm in length x 0.86 cm and 0.7 cm in width. The right adrenal gland measured 1.97 cm in length x 0.39 cm and 0.46 cm in width.

Spleen

Normal size (2.2 cm) with a diffuse, patchy echogenic appearance, but maintained a regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. The spleen measured 2.2 cm.



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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 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, 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 duodenum and small intestine with no loss of layering, but with an increase in the muscularis to mucosal ratio, normal peristaltic activity and no distension of the lumen. The stomach measured 0.53 cm, small intestine measures up to 0.5 cm. A small amount of fluid is present within the stomach.

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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Left adrenal nodule.
- Renal disease.
- Splenic pathology?



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be dietary hypersensitivity, parasitic enteritis and inflammatory bowel disease with emerging lymphoma a less likely differential diagnosis.

The most likely etiology for the left adrenal nodule would be incidental, non-functional adenoma.

The appearance of the kidneys is consistent with chronic kidney disease.

Although the appearance of the spleen may be an age related finding. Splenitis and emerging neoplasia should still be considered.

Further assessment of the renal disease would be blood pressure.

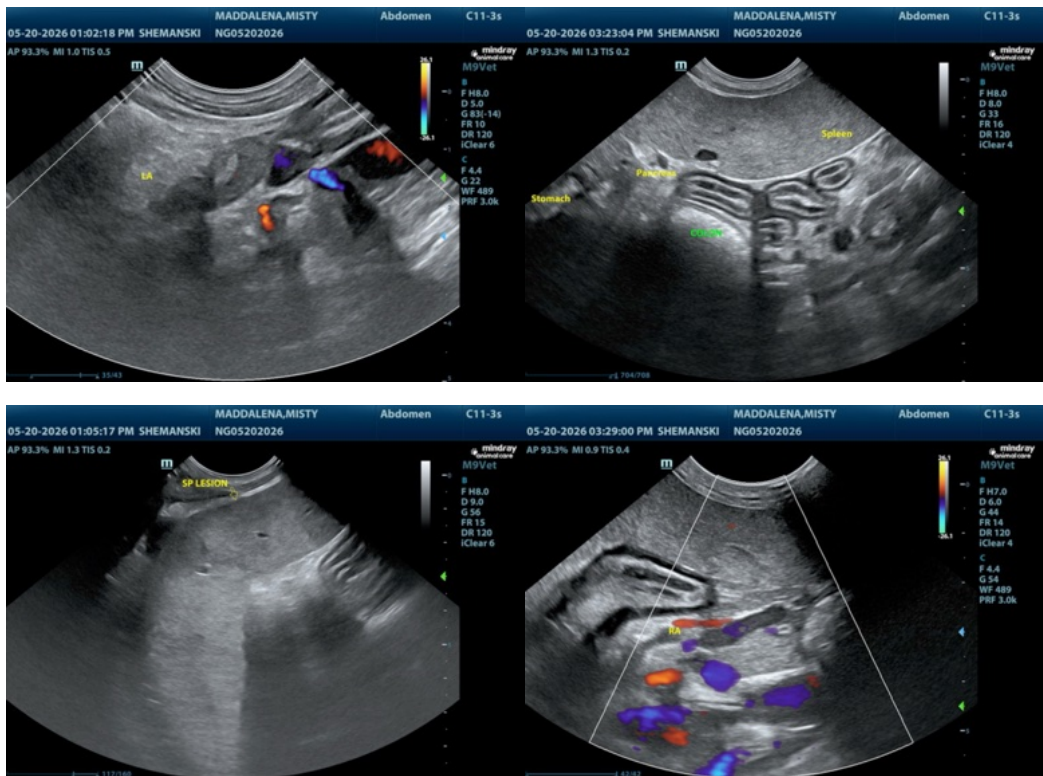
Further assessment of the enteropathy would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

Further assessment of the spleen would be FNA cytology.

Specific therapy would be dependent on an etiological diagnosis.

Ideal management of the renal disease would be feeding a renal diet and the use of enteric phosphate binders as needed.

Ideal management of the enteropathy 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 indicated.





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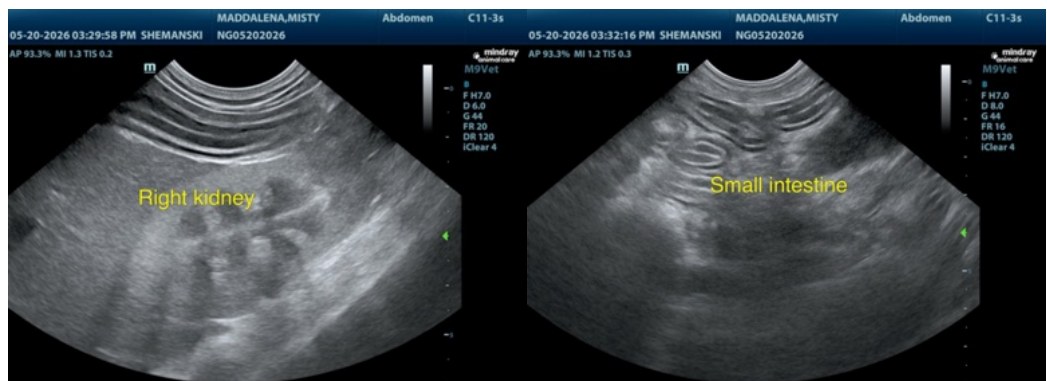
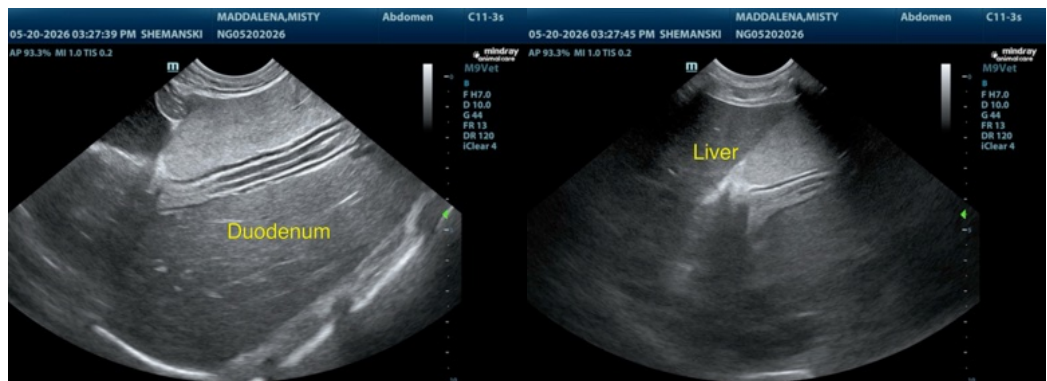
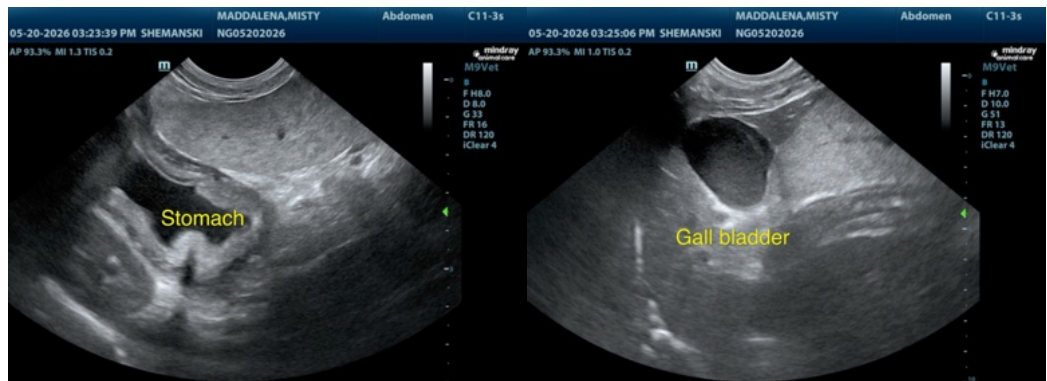
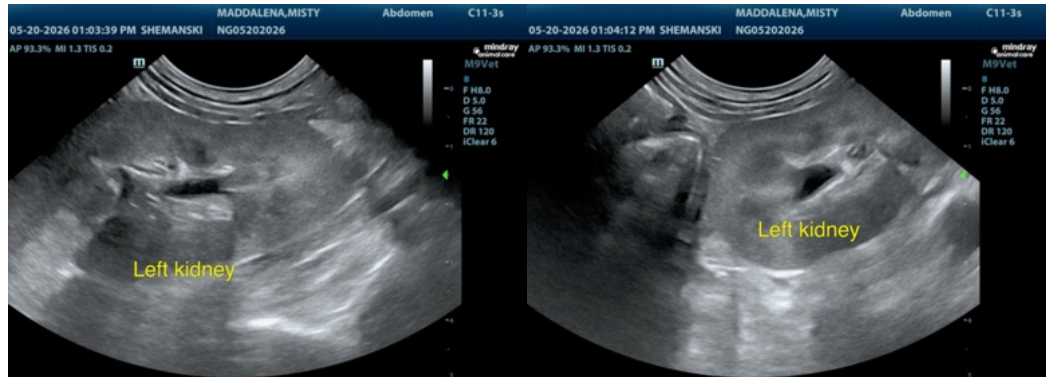
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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