



PATIENT

Gus Trevor

SPECIES

Canine

BREED

Border Collie

SEX

Neutered male

AGE

11 years

WEIGHT

59 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Schroeder

HOSPITAL NAME

Animal Health
Associates

REFERRING VET

Dr. Schroeder

INVOICE

77841

DATE

5/21/26

PRESENTING CLINICAL SIGNS

History: Weight loss over past year, diarrhea over past 6 months. Blood testing in Feb showed pan hypoproteinemia; 2 months later rechecked and repeatable. Negative for protein in urine. Partial response to GI Biome diet for diarrhea but no weight gain. Abnormal PE/Chem/CBC/UA Results: Variably thickened intestines on palpation. TP 3.4 g/dl Albumin 1.5 g/dl Globulin 1.9 g/dl. Calcium decreased at 8.1 mg/dl USG 1.019, inactive sediment, negative for blood or protein. Mild decrease in lymphocytes. BP taken via Doppler was 90 mmHG systolic today

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 7.0 cm, right measured 6.4 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.

The prostate is small and hypoechogenic measuring 1.1 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.62 cm in width. The right adrenal gland measured 0.53 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 1.7 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 small 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 of the small intestine (up to 0.52 cm) with no loss of layering, but with a thickening and hypoechogenic appearance of the submucosa. Mild, diffuse mucosal stippling was present.

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.

A small amount of acellular ascites is present.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy
- Ascites
- Gallbladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the enteropathy would be primary intestinal lymphangectasia, severe inflammatory bowel disease and possibly lymphoma. The ascites can be ascribed as secondary to the hypoalbuminemia and the enteropathy.

The gallbladder sediment can be considered an incidental finding.

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

Specific therapy would be dependent on an etiological diagnosis.

Management of intestinal lymphangectasia would be feeding small frequent meals of a low fat intestinal type diet, cobalamin supplementation and Prednisolone.



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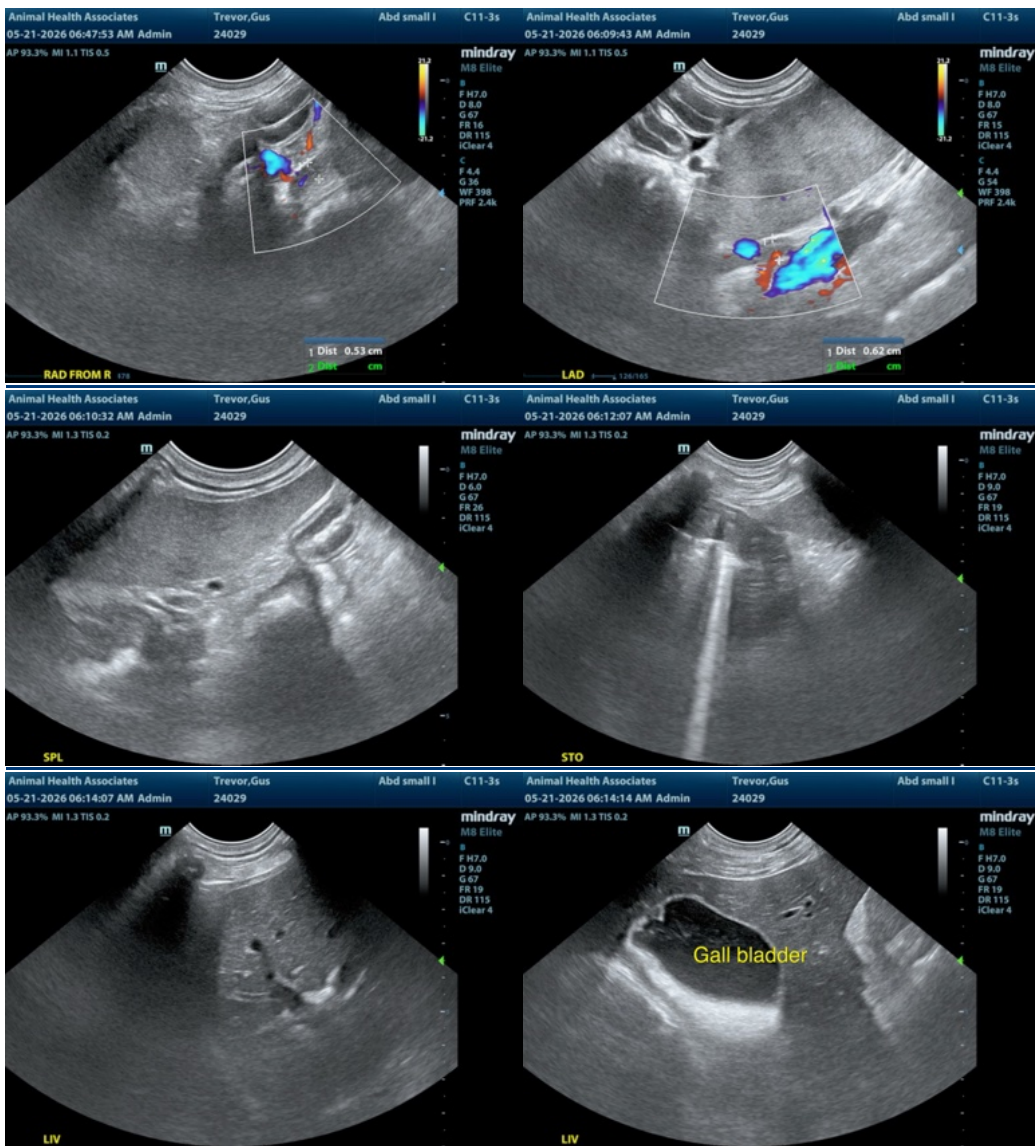
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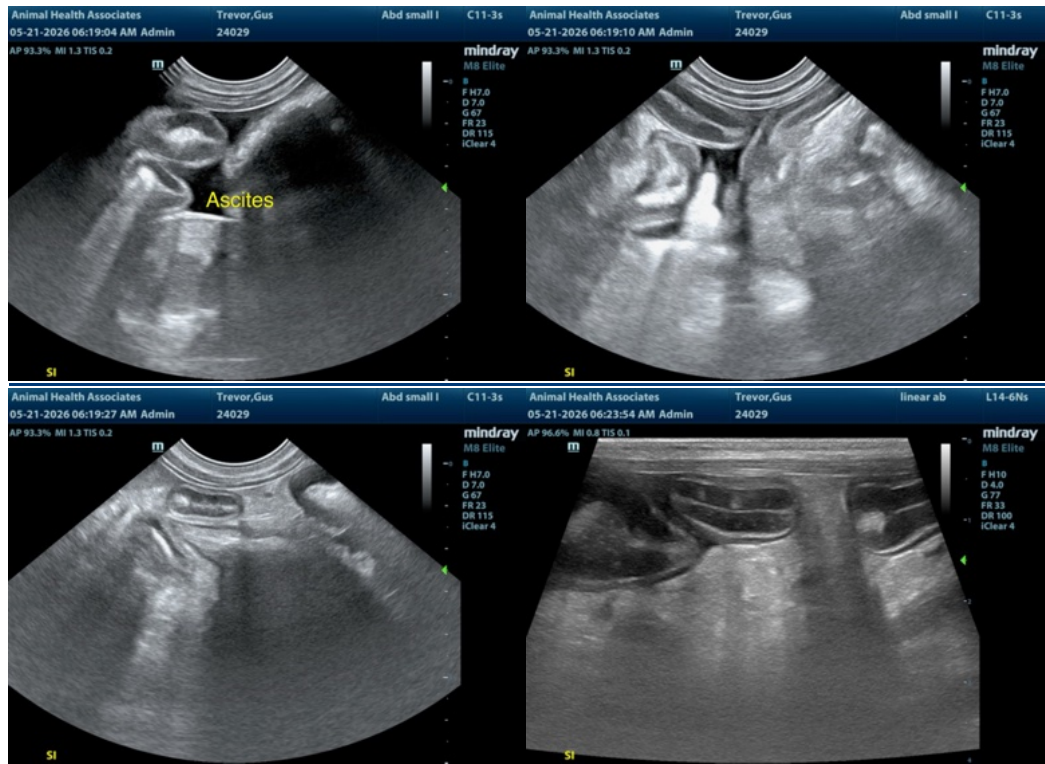
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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