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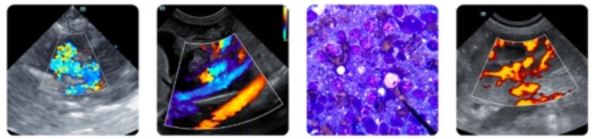


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Rawley Hajla

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

5.4 years

WEIGHT

55.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Highlands AH

REFERRING VET

Dr. Jutras

INVOICE

77959

DATE

5/26/26

PRESENTING CLINICAL SIGNS

History: History of intermittent GI signs and hematochezia. Purpose of sonogram: survey the abdomen. Patient is diagnosed hypothyroid and is on 0.3mg levothyroxine 0.3mg PO BID. Novox PRN for suspected orthopedic pain. Diet is r/d. Records indicate there has been an issue with weight management. Currently on a weight loss plan.
Patient was undergoing a COHAT/Dental and was premedicated with 0.4ml butorphanol 10mg/ml, 0.5ml atropine 0.54mg/ml, induced with propofol to effect and was not on fluids during the ultrasound which was performed at the end of dental.
4/21/26 CBC/chem/lytes within normal limits. TT4: 2.4ug/dL, 5/1/26 urine was dropped off for completion (free catch): URSG 1.060, 1-2 epithelial cells per Hpf. Fecal negative. 4dx negative x 4.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 6.1 cm, right measured 6.6 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.

The prostate is small and hypoechogenic measuring 1.4 cm in width.

Adrenal Glands

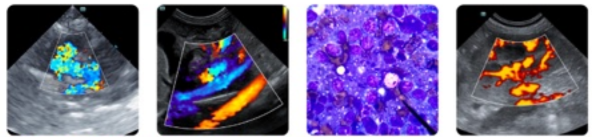
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.54 cm and 0.45 cm in width. The right adrenal gland measured 0.69 cm and 0.47 cm in width.

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 2.1 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 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

- Small amount of ingesta is present in the stomach compatible with a recent meal.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Normal ultrasound examination of the abdomen.

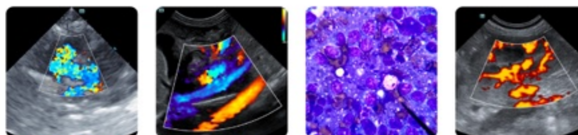
On this ultrasound there is no obvious etiology for the presenting clinical signs.

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

Further assessment would be cobalamin and folate assay and endoscopy of both the upper and lower 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, cobalamin supplementation and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.



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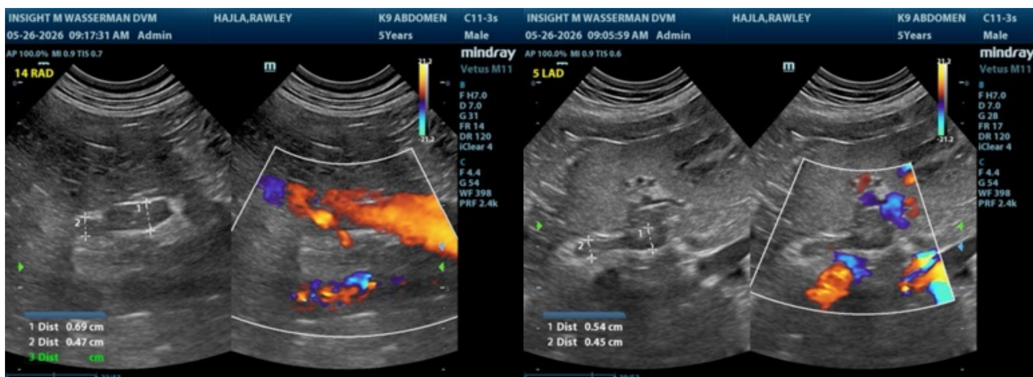

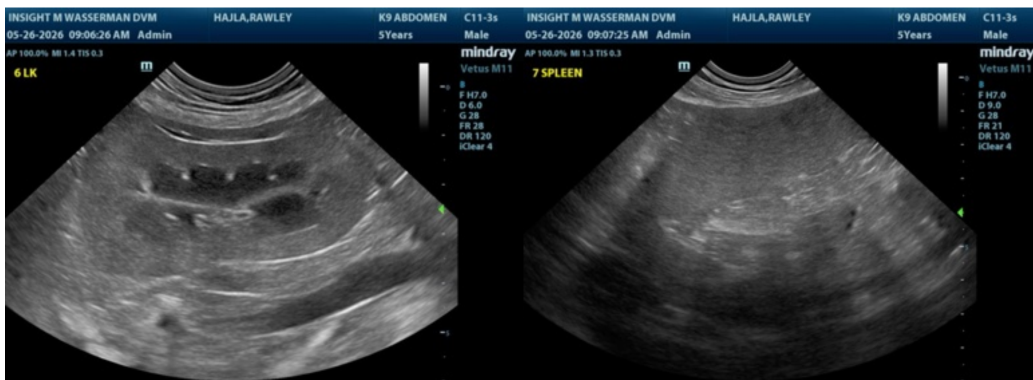

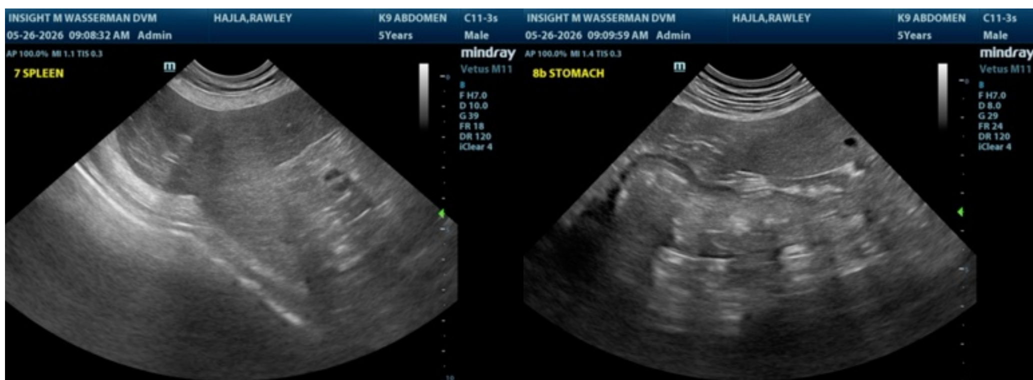

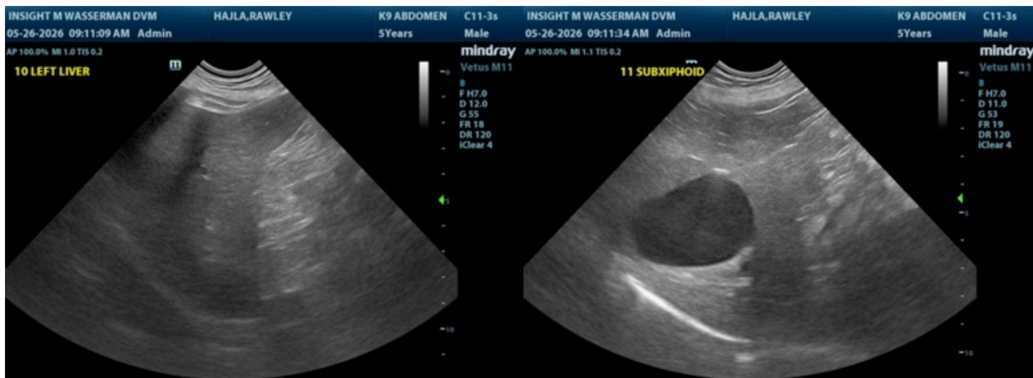

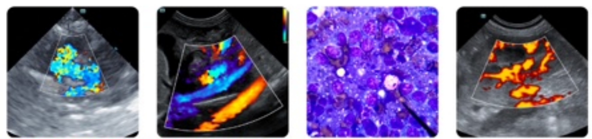

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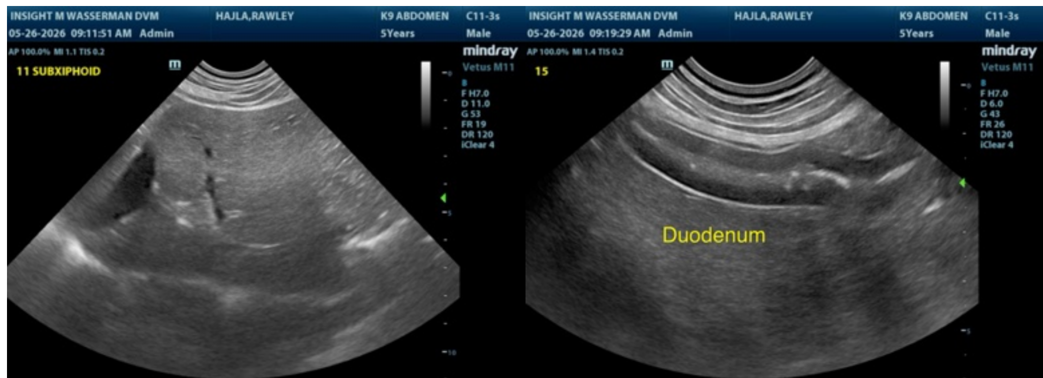

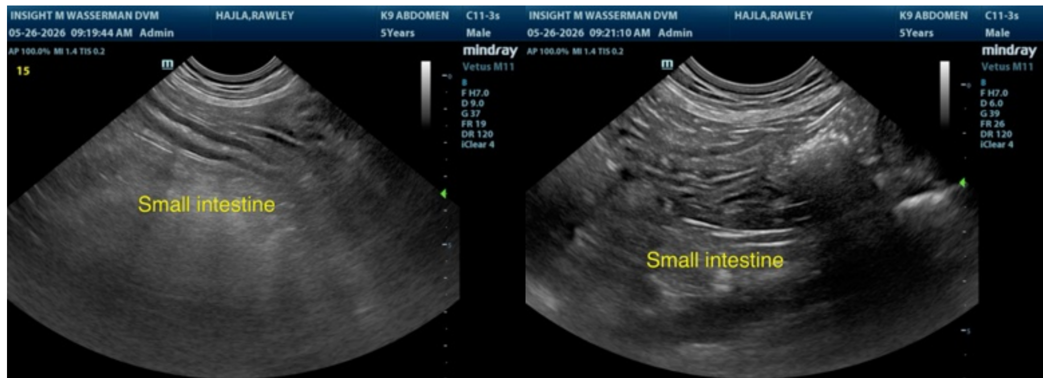

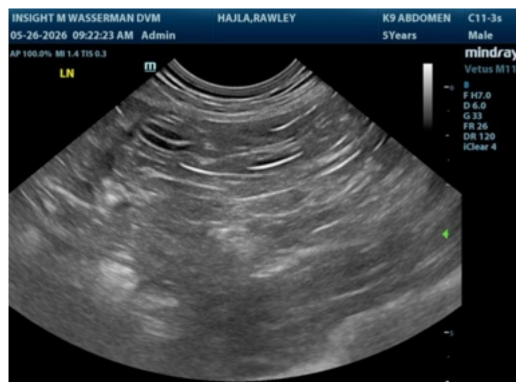

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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