



PATIENT

Simon Charron

SPECIES

Canine

BREED

Lhasa Apso

SEX

Neutered male

AGE

9 years

WEIGHT

9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Leah Richter

HOSPITAL NAME

Allied Veterinary
Emergency & Referral

REFERRING VET

Dr. Richter

INVOICE

78080

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: Presented on 5/20/26 for chronic intermittent diarrhea that has been going on for the last 3-4 weeks. Three different probiotics have been tried sequentially (proviabile paste/capsule, visbiome, animal biome FMT). Fecal negative and most recent BW in March all WNL. Previously on PPP Salmon/Rice but switched to PPP Senior Advantage due to weight gain in Feb/March 2026. EN diet trial showed no significant improvement. Switched to PPP Digestive Advantage in May 2026.
Abnormal PE/Chem/CBC/UA Results: 5/20/26 GI panel (Texas A&M): TLI 20.1 (N), Panc lipase <30 (N), Cobalamin 503 (N), Cortisol <1 (L), negative for Giardia, Salmonella, CPV2, Campylobacter, C. difficile and C. perfringens netF toxin 5/22/26 ACTH Stim: Cortisol (pre): 1.8 Cortisol (post): 9.5
Chem10/lytes: WNL
User Name: AlliedVERSonoreport

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 3.9 cm, right measured 4.0 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.

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 0.35 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 1.7 cm in width.



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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, 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 within 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

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the presenting clinical signs. Although the GI tract appears ultrasonographically normal, with the chronic intermittent diarrhea, an underlying enteropathy such as dietary hypersensitivity and inflammatory bowel disease should still be considered.

Further assessment would be 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 and if there is not a satisfactory improvement then a course of Prednisolone would then be indicated.



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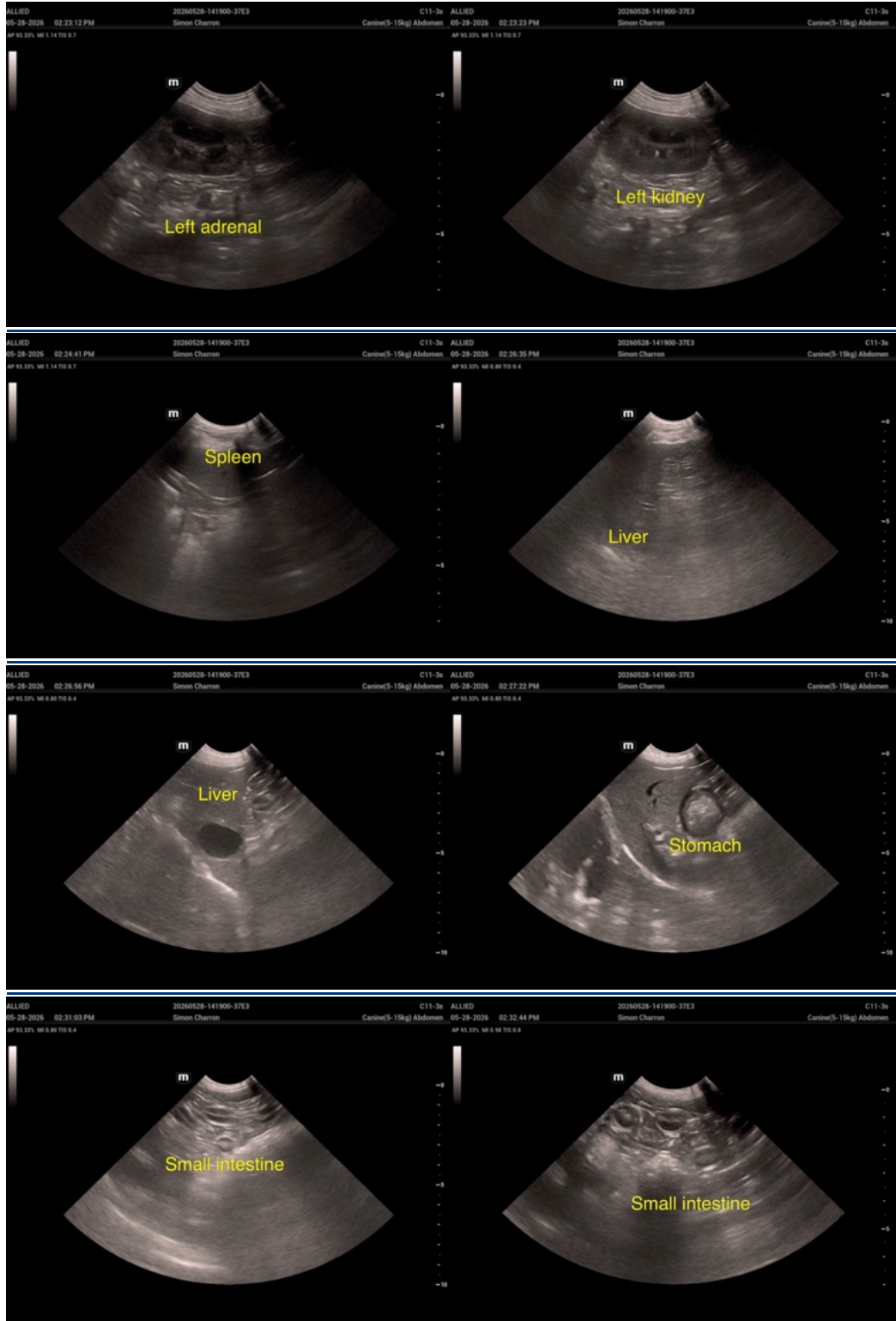
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com