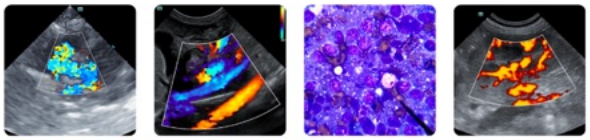


PATIENT

Koda Riesner

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Spayed female

AGE

10 years

WEIGHT

54.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Janel Schietzelt

HOSPITAL NAME

Dreaming Summit AH

REFERRING VET

Dr. Schietzelt

INVOICE

75223

DATE

5/5/26

PRESENTING CLINICAL SIGNS

History: Patient presents for chronic GI upset. History of pancreatitis and suspect emerging IBD on ultrasound with internal medicine specialist 9/2024. Mainly was having diarrhea at that time, since resolved. Has trialed I/D LowFat Hill's, Purina EN low fat and non-low-fat, and Hydrolyzed protein diet with diarrhea resolving, but still a chronic and now progressive vomiting especially in the last 2-3 months. Mostly bile, 2-3 times a day. Owner states that small frequent meals seem to help, but now is eating less/anorexia developing and has experienced a 6lb weight loss in the last 3 months. No pu/pd. Hx of CCL injury.
Concern for IBD, pancreatitis, Addison's, neoplasia, open.
Recently WNL -Hx of isosthenuria in the past -Attached recent lab results below

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 6.4 cm, right measured 6.8 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.

Adrenal Glands

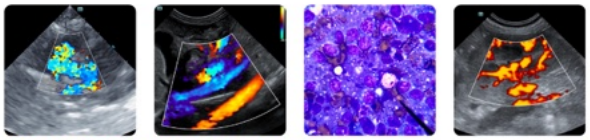
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.45 cm in length x 0.44 cm and 0.46 cm in width. The right adrenal gland measured 1.95 cm in length x 0.48 cm and 0.45 cm in width.

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 normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Thickening of the gastric wall measured up to 1.0 cm with no loss of layering, but with a hypoechogenic appearance. A small amount of gas is present within the stomach. Normal appearance of the 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

Normal size with a hypoechogenic appearance and an irregular capsule. Mild increase in the echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gastric thickening.
- Chronic pancreatitis versus pancreatic fibrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastric thickening would be chronic gastritis, gastric hyperplasia, Helicobacter gastritis, inflammatory bowel disease, ulcerative disease and possibly emerging neoplasia.

Further assessment would be CPL/PSL assay and if possibly FNA cytology of the gastric wall. Gastroscopy with biopsies would also be indicated. Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be to continue feeding small, frequent meals of the current diet, and adding gastric protectants (Sucralfate and Omeprazole).

If there is not a satisfactory improvement then triple therapy for Helicobacter gastritis is recommended, and if there is still not a satisfactory improvement then a course of Prednisolone would then indicated.

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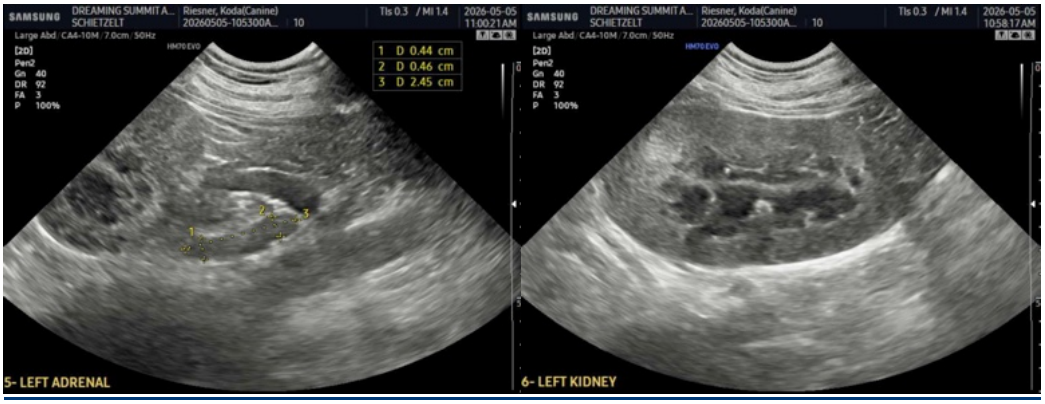

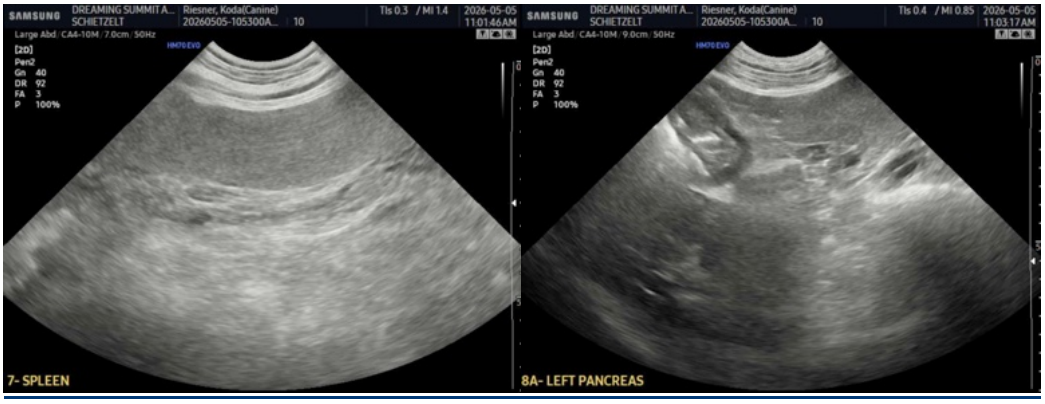

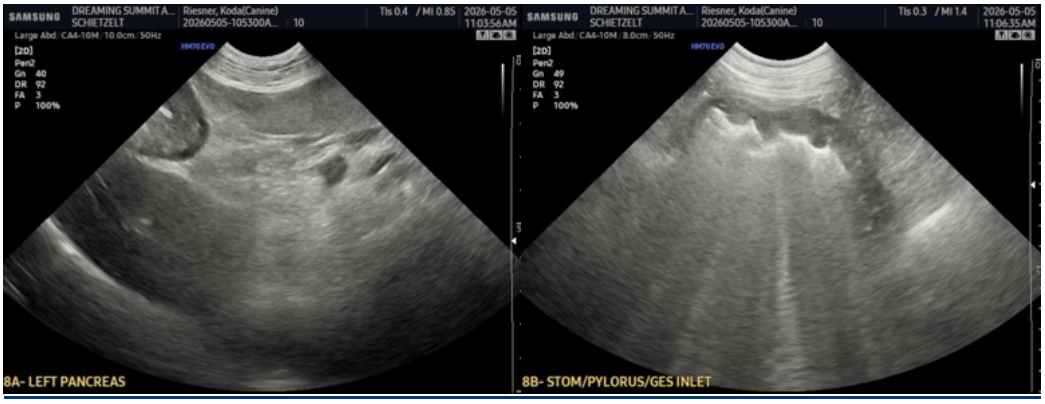

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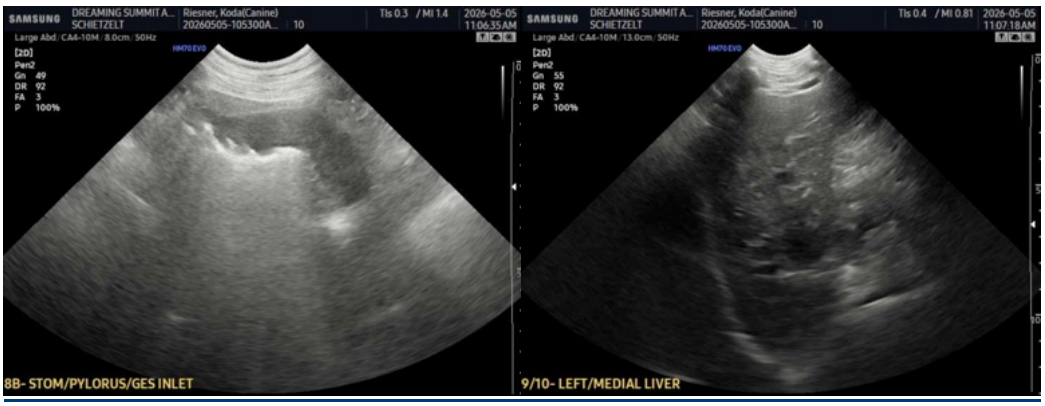

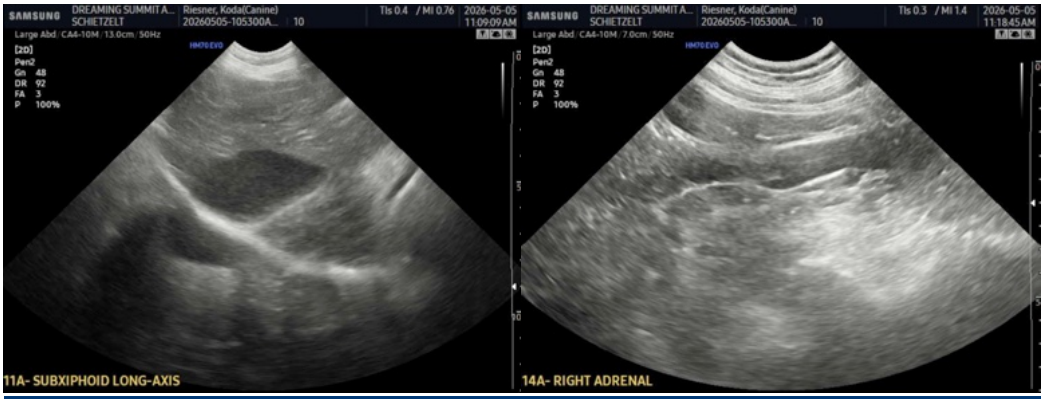

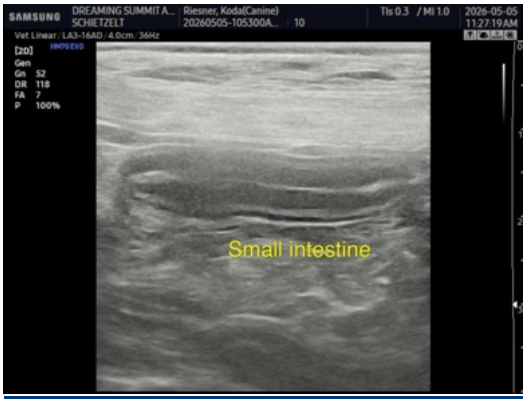

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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