



## PATIENT

Lucy Cacciotti

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Spayed female

## AGE

11 years

## WEIGHT

25.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gallick

## HOSPITAL NAME

Magnolia Springs VC

## REFERRING VET

Dr. Gallick

## INVOICE

78161

## DATE

6/1/26

## PRESENTING CLINICAL SIGNS

History: Presented 5/26 Diarrhea with intermittent hematochezia (blood in stool), decreased appetite, lip smacking, and urgency/frequency of defecation.

- History: Owner reports diarrhea began late Thursday night/early Friday morning. Stool initially very liquid with episodes of urgency and accidents in the home. Stool has intermittently contained small amounts of formed stool but remains mostly mushy/liquid. Blood noted in stool this morning. No vomiting reported. Appetite mildly decreased; patient shows interest in food but inconsistently eats. Refusing boiled rice but eating small amounts of canned digestive diet. Drinking water normally. Increased lip smacking noted at home. Mild lethargy/sleeping more per owner. Patient has history of similar waxing/waning GI episodes, including recent diarrhea approximately one month ago treated with antibiotics with temporary improvement. Currently receiving Provable probiotic at home and Denamarin once nightly. Possible exposure to rabbit feces outdoors. No recent diet changes noted. Eats Acana small breed whole grain diet. Owner reports urgency with defecation, squatting multiple times with little output after initial stool passage.

Abnormal PE/Chem/CBC/UA Results: - Treatments: - 300mLs of LRS Subcutaneous fluids administered. - Cerenia 1.15mLs SQ injection administered left shoulder. - Diagnostics Completed: - In-house cPL (canine pancreas-specific lipase) test: Normal. - Abdominal radiographs (3 views): Sent to VetRad/radiologist for interpretation - pending. - Comprehensive Senior blood panel (CBC/Chemistry/Urinalysis/4dx/fecal) - pending to IDEXX - Fecal sample submitted for Diarrhea PCR Panel - pending to IDEXX - Medications Dispensed: - Metronidazole 250mg- qty 10: 1 tablet PO BID for 5 days - Provable Kit: To be administered as a probiotic per label instructions. Blood pressures were done standing position with size 4 cuff 140/121 mean 134. 132/111 mean 120. 149/100 mean 119

## 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.

The left kidney was not visualized.

Normal right renal size (4.1 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.

### Adrenal Glands

The left adrenal gland is not visualized.

The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 0.6 cm in width.



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## *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 1.3 cm in width.

## *Liver*

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Focal, mottled, echogenic, parenchymal nodule is noted in the left lobe measuring 0.9 x 1.3 cm in size. No additional nodules or masses are evident. Normal appearance of the hepatic and portal vasculature.

## *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, 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. Fecal material is present within the colon.

## *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

- Hepatic nodule.
- Gallbladder sediment.



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology hepatic nodule would be incidental nodular hyperplasia with organized granuloma and abscess possible differential diagnosis.

Neoplasia would be a highly unlikely differential diagnosis.

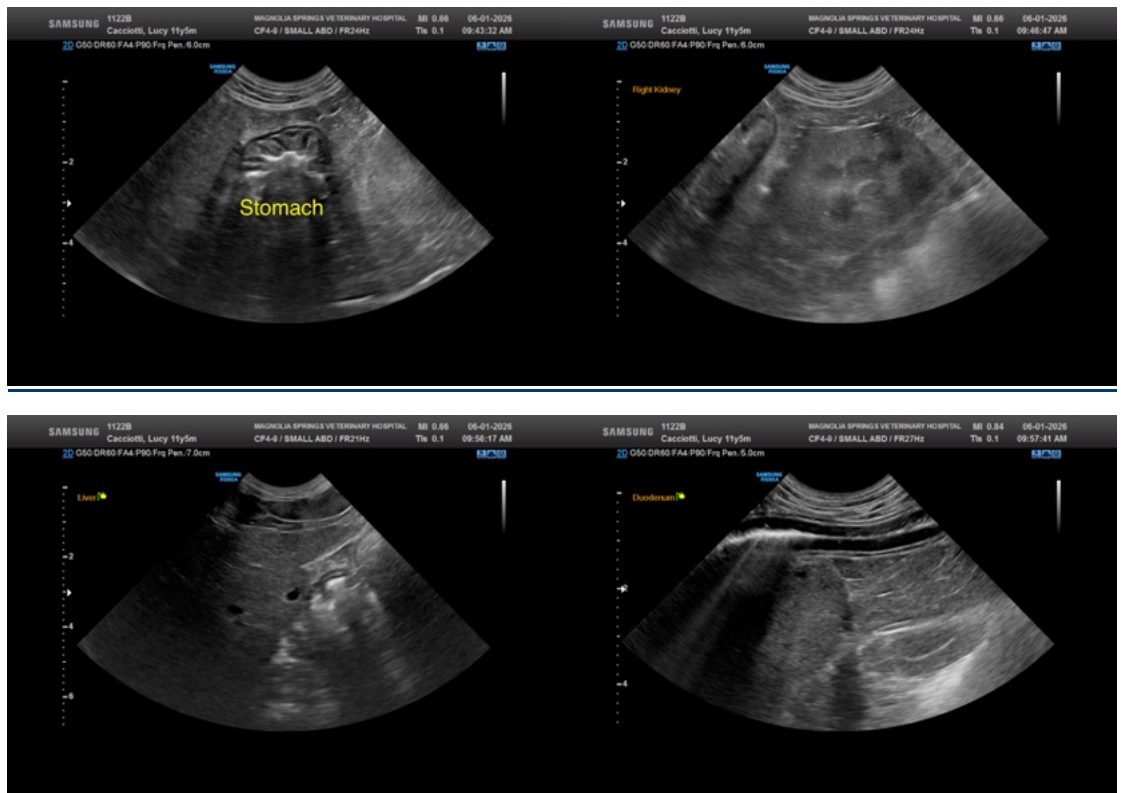
The gallbladder sediment is most likely an incidental finding.

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

Although the presenting clinical signs are indicative of a non-specific gastroenteritis/colitis such as dietary indiscretion, toxins, virals and parasites, an underlying inflammatory bowel disease or dietary hypersensitivity should still be considered.

Further assessment and therapy needs to be based on the pending results, but could include cobalamin and folate assay and endoscopy of the upper and lower GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.





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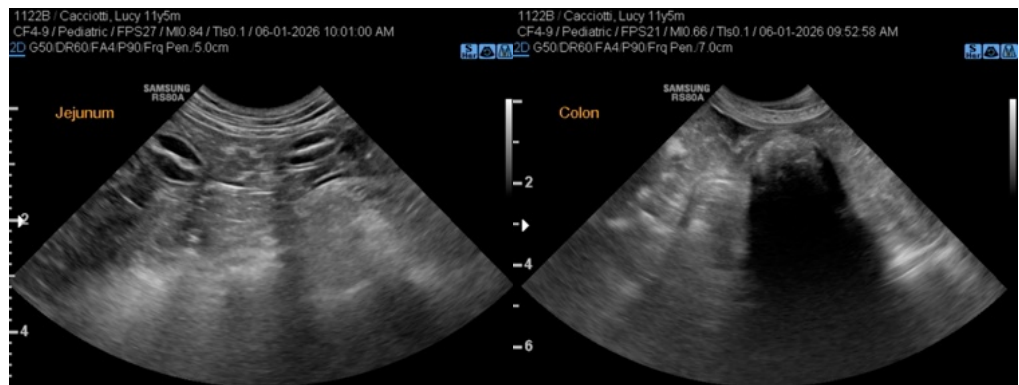
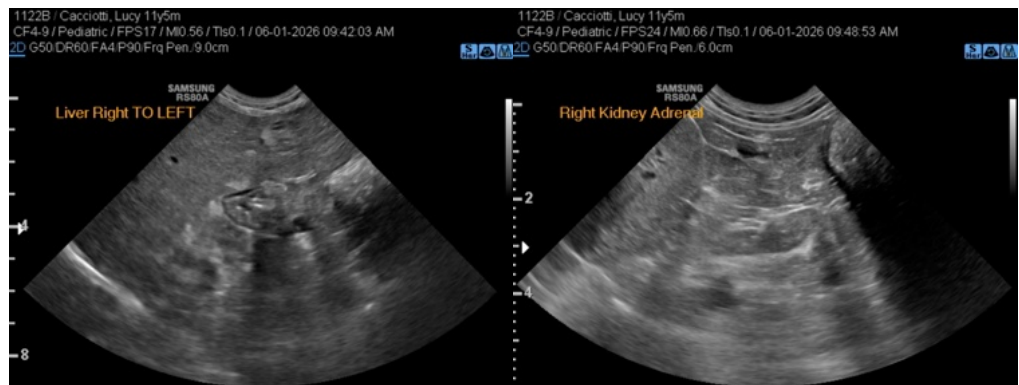
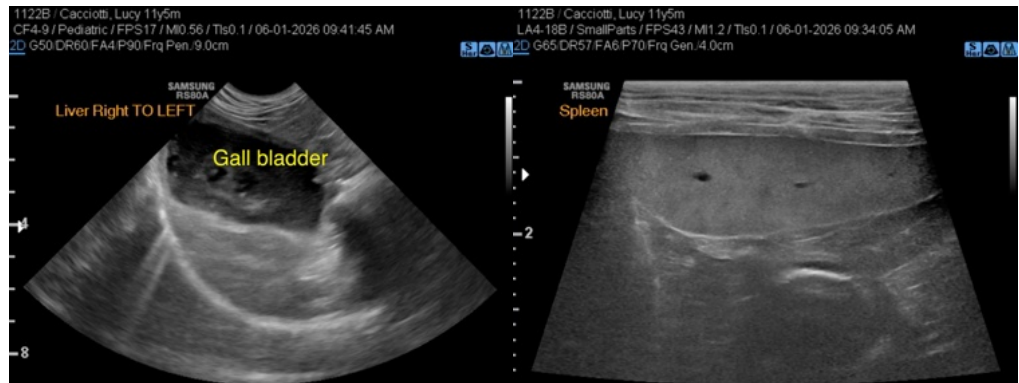
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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