



PATIENT **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Bear Hyland History: chronic GI histor - diarrhea sometimes with mucous dark and possibly tar like but have not seen melena. decreased appetite worse over 10 days, vomit food/bile x 72 hours.
Abnormal PE/Chem/CBC/UA Results: painful cranial abdomen. recent UTI bacteria treated with Convenia. normal superchem other than mild increased PSL.

SPECIES

Canine

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.

BREED

Maltese/Cavalier Mix

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

SEX

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Neutered Male

Normal renal size (left 4.60 cm / right 4.50 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.

AGE

10.5 years

Reproductive System

Small hypoechogenic prostate.

WEIGHT

14.2 lbs

Adrenal Glands

Normal shape, echogenic appearance, size (left: 0.59 cm), position, and appearance of the visible peri-renal vasculature.

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.

INTERPRETED BY

Remo Lobetti, BVSc,
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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.

IMAGING PERFORMED BY

Dr. Arms

Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

HOSPITAL NAME

Gilbertsville VH

Gastrointestinal

Normal appearance of the stomach, ileo-cecal junction, and colon, with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen. Small amount of gas within the stomach. Corrugated appearance of the duodenum with normal thickness of the wall (0.37 cm), no loss of layering and maintaining a 1:3 muscularis to mucosa ratio. Normal thickness of the small intestinal (up to 0.35 cm) with no loss of layering, a 1:3 muscularis to mucosa ratio, and peristaltic activity with no distention of the lumen. Faint mucosal stippling throughout the small intestinal.

REFERRING VET

Arms

INVOICE

13356

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

DATE

6.13.23



PATIENT

Bear Hyland
Free Abdomen
 Normal mesenteric lymph nodes.

No ascites evident.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

Findings

BREED

- Enteropathy

Maltese/Cavalier Mix

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Etiologies for the enteropathy would be lymphangiectasia, inflammatory bowel disease, parasitic enteritis, dietary hypersensitivity, and emerging lymphoma.

Neutered Male

Although the pancreas appears ultrasonographically normal, with the elevated PSL activity, it is possible that resolving pancreatitis is present.

AGE

10.5 years

Further analysis would be fecal endoscopy, cobalamin assay and endoscopy of the upper GI tract with biopsies.

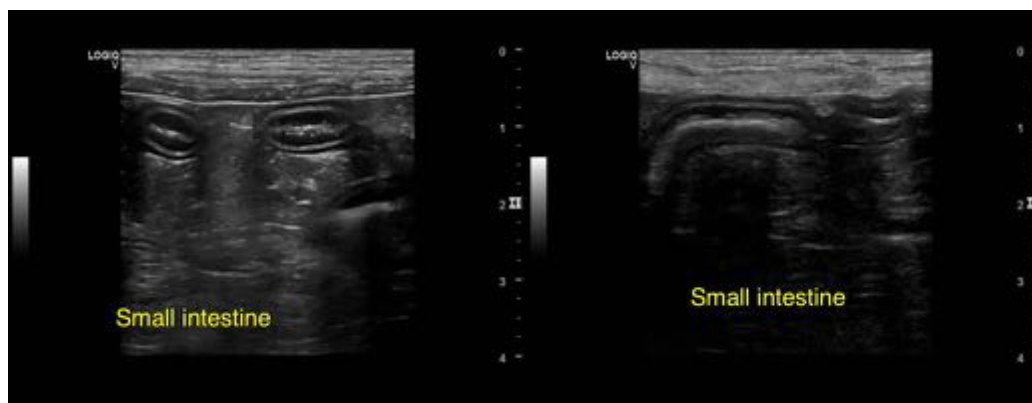
WEIGHT

14.2 lbs

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be feeding a hypoallergenic/novel protein diet, cobalamin supplementation, course of Fenbendazole, and possibly prednisolone therapy.

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PATIENT

Bear Hyland

SPECIES

Canine

BREED

Maltese/Cavalier Mix

SEX

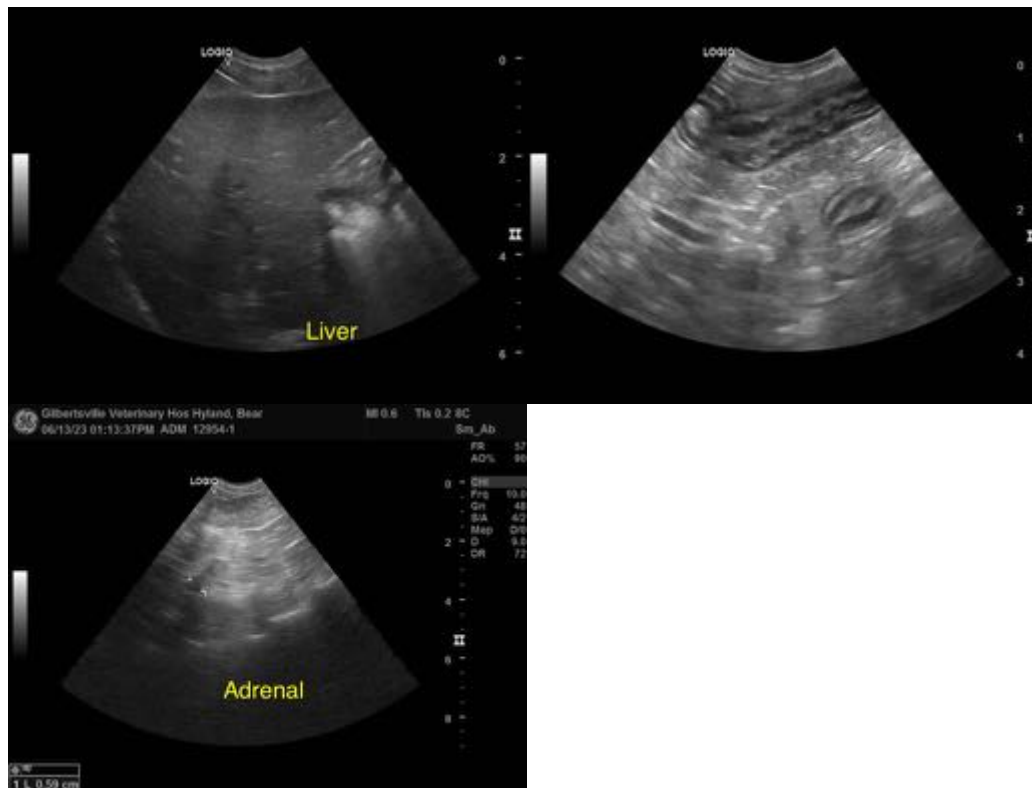
Neutered Male

AGE

10.5 years

WEIGHT

14.2 lbs



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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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