



PATIENT PRESENTING CLINICAL SIGNS

Bella York History: chronic diarrhea x 4weeks rDVM diagnosed with PLE Has peripheral edema

SPECIES Abnormal PE/Chem/CBC/UA Results: ALB 1.6 TP 2.4 Ca 6.7 Chol 56 Glob 0.8 Urine normal Giardia PCR positive

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Urinary System

BREED The urinary bladder is small, with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Pitbull Terrier X

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

SEX

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

AGE

6 years Normal renal size (left kidney 6.30 cm) (right kidney 6.00 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.

WEIGHT

69 lbs **Adrenal Glands** Poorly visualized, but appear to be of normal shape, echogenic appearance and size.

INTERPRETED BY

Spleen

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

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.

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

Gallbladder

Amy Hess

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.

HOSPITAL NAME

Gastrointestinal

Petmedic Urgent Care VC

Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and no distention of the lumen. Segmental thickening of the duodenum (up to 0.56 cm), with a prominent hypoechoic appearance of the submucosal layer, and diffuse, faint mucosal stippling. No loss of layering evident and maintaining a 1:3 muscularis to mucosa ratio, normal peristaltic activity, and no distension of the lumen.

REFERRING VET

Pancreas

Amy Hess

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

INVOICE

Free Abdomen

13523

Normal mesenteric lymph nodes. Small amount of acellular ascites present.

DATE

No ascites evident.

6.29.23



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BREED

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SEX

Female Spayed

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MMedVet (Med),
PhD, Dipl. ECVIM

**IMAGING
PERFORMED BY**

Amy Hess

HOSPITAL NAME

Petmedic Urgent
Care VC

REFERRING VET

Amy Hess

INVOICE

13523

DATE

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Enteropathy
- Ascites

Secondary Findings

- None

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enteropathy is consistent with a protein-losing enteropathy, as per the presenting clinical signs, and biochemical anomalies.

Etiologies to consider would be primary lymphangiectasia, inflammatory bowel disease, dietary hypersensitivity and parasitic enteritis, with emerging lymphoma a less likely differential diagnosis.

Further assessment would be cobalamin assay and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be feeding a low-fat intestinal diet, course of Fenbendazole, cobalamin supplementation, and either prednisolone or budesonide therapy.

Additional immunosuppressive therapy that may be required would be cyclosporin and/or chlorambucil.





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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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