



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Bianca Fisher	History: P has chronic GI issue, vomiting and diarrhea
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder is full with a normal thickness (measuring 0.10 cm) and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.
Jack Russel Terrier	Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.
<b>SEX</b>	Normal appearance and size of the iliac lymph nodes (one of which measures 0.70 cm). Ureters not visualized, which can be considered a normal finding.
Spayed Female	
<b>AGE</b>	Normal renal size (left kidney 3.50 cm) (right kidney 3.40 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.
9 years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
4.2. kg	Normal shape, echogenic appearance, size (left 0.56 cm) (right 0.75 cm), position, and appearance of the visible peri-renal vasculature.
<b>INTERPRETED BY</b>	<b>Spleen</b>
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.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Dr Crutchfield	Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.
<b>HOSPITAL NAME</b>	<b>Gallbladder</b>
Mobile Vet Imaging	The gallbladder is full containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall (measuring 0.10 cm). Normal size and appearance of the cystic and common bile duct.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr Cail	Normal appearance of the stomach (measuring 0.41 cm), ileo-cecal junction, and colon (measuring 0.16 cm) with no loss of layering, with a 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Thickening of the duodenum (measuring 0.65 cm) and small intestine, with no loss of layering, maintaining a 1:3 muscularis to mucosa ratio, normal peristaltic activity, and no distension of the lumen. Fecal material within the colon.
<b>INVOICE</b>	<b>Pancreas</b>
14208	Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.
<b>DATE</b>	<b>Free Abdomen</b>
8.23.23	Normal mesenteric lymph nodes.
	No ascites evident.



**PATIENT**      **ULTRASONOGRAPHIC FINDINGS**

Bianca Fisher

**Primary Findings**

**SPECIES**

- Enteropathy

Canine

**Secondary Findings**

**BREED**

- Gallbladder sediment

Jack Russel Terrier

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity, and infiltrative bowel disease, with lymphoma a highly unlikely differential diagnosis.

Spayed Female

**AGE**

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

9 years

**WEIGHT**

Specific therapy would be dependent on an etiological diagnosis.

4.2. kg

Symptomatic management would be feeding a novel protein/hypoallergenic diet, cobalamin supplementation, course of Fenbendazole, and possibly prednisolone.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr Crutchfield

**HOSPITAL NAME**

Mobile Vet Imaging

**REFERRING VET**

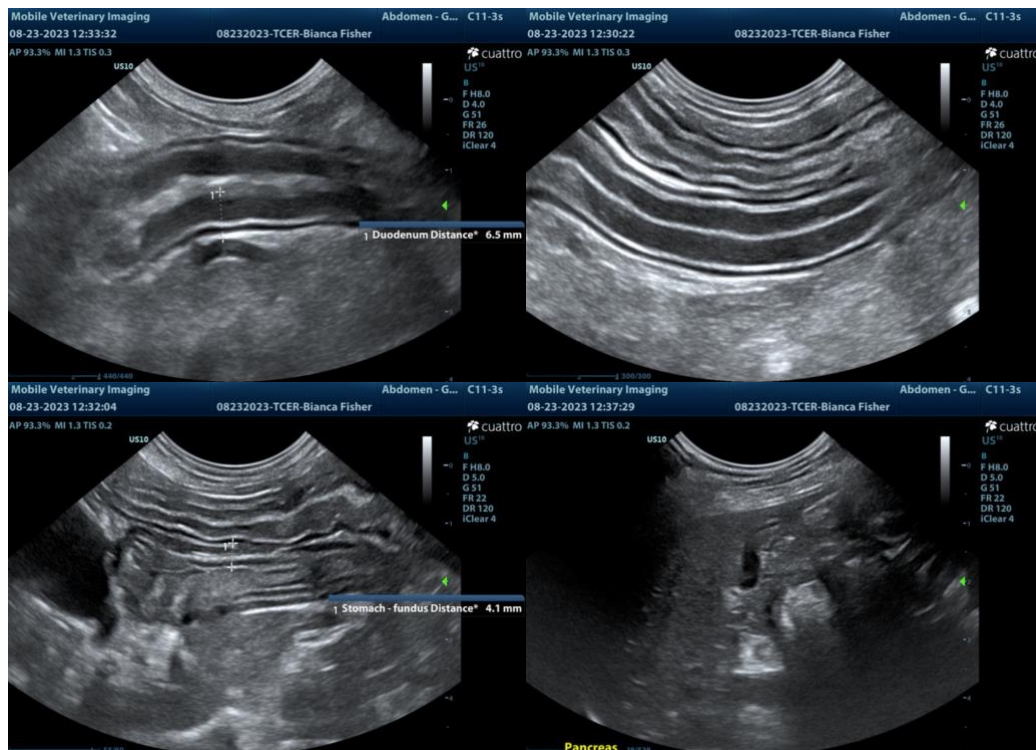
Dr Cail

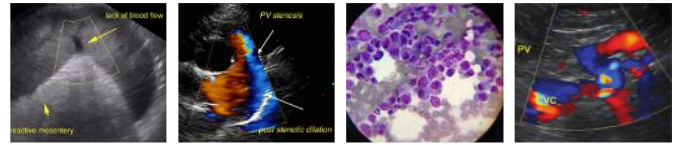
**INVOICE**

14208

**DATE**

8.23.23





**PATIENT**

Bianca Fisher

**SPECIES**

Canine

**BREED**

Jack Russel Terrier

**SEX**

Spayed Female

**AGE**

9 years

**WEIGHT**

4.2. kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr Crutchfield

**HOSPITAL NAME**

Mobile Vet Imaging

**REFERRING VET**

Dr Cail

**INVOICE**

14208

**DATE**

8.23.23



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.

**Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)**  
[info@sonopath.com](mailto:info@sonopath.com)