PATIENT

Drogon Phillips

SPECIES

Canine

BREED

Schnauzer Mix

SEX

Neutered male

AGE

2 years

WEIGHT

13. lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the High Country

REFERRING VET

Dr. Sturgill

INVOICE

69373

DATE

12/17/25

PRESENTING CLINICAL SIGNS

History: P presented for US due to a decreased appetite for the past 2 weeks. P will sniff food and walk away. Still defecating normally. No GI signs. P is on Fluoxetine daily.
Abnormal PE/Chem/CBC/UA Results: BUN 28 (7-27)

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 3.8 cm, right measured 3.8 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 noted.

The prostate measured 0.9 cm in width.

Adrenal Glands

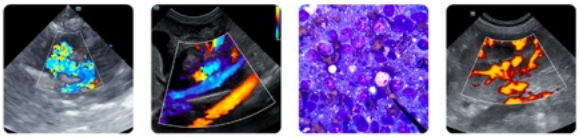
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.52 cm in length x 0.33 cm and 0.31 cm in width. The right adrenal gland measured 1.23 cm in length x 0.4 cm in width.

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 1.3 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.



SonoPath www.carolinavetmobile.com info@carolinavetmobile.com 800.808.5948

PATIENT

Drogon Phillips

SPECIES

Canine

BREED

Schnauzer Mix

SEX

Neutered male

AGE

2 years

WEIGHT

13. lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the High Country

REFERRING VET

Dr. Sturgill

INVOICE

69373

DATE

12/17/25

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. A small amount of ingesta is present in the stomach compatible with a recent meal.

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

Prominent mesenteric lymph node measuring 0.5 x 2.5 cm in size maintaining a normal shape and echogenic appearance.

No ascites evident.

Normal size and ratio of the portal vein, caudal vena cava and aorta. Portal vein measured 0.54 cm in diameter, caudal vena cava 0.65 cm in diameter, and aorta 0.62 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Focal mesenteric lymphadenomegaly.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the mesenteric lymphadenomegaly would be reactive hyperplasia with infiltrative neoplasia and lymphadenitis highly unlikely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

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

Although the GI tract appears ultrasonographically normal, with the presenting clinical signs and the mesenteric lymphadenomegaly, an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease should still be considered. Atypical Addison's disease would be an important differential diagnosis.

PATIENT

Drogon Phillips

SPECIES

Canine

BREED

Schnauzer Mix

SEX

Neutered male

AGE

2 years

WEIGHT

13. lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the High Country

REFERRING VET

Dr. Sturgill

INVOICE

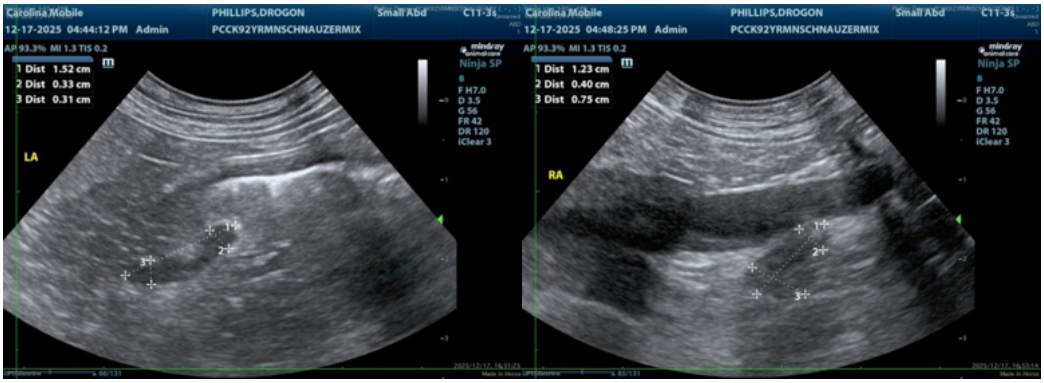
69373

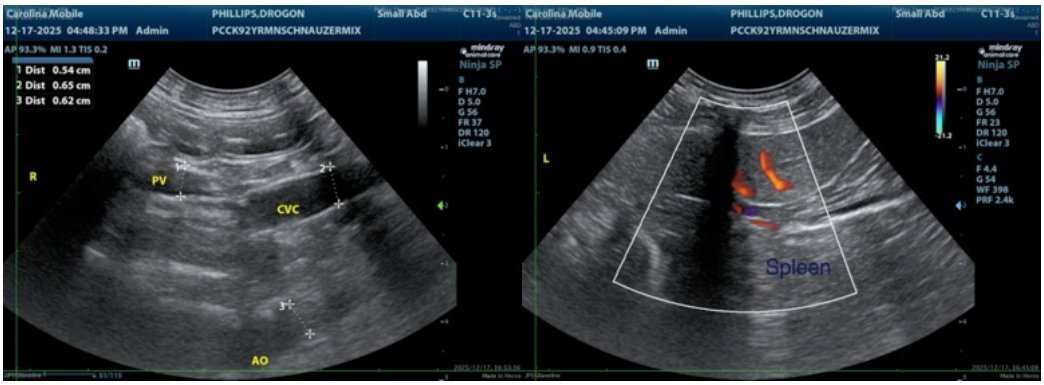
DATE

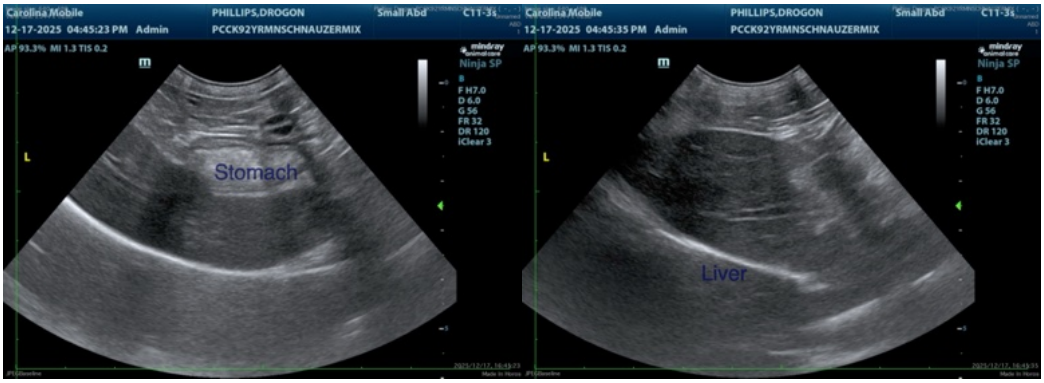
12/17/25

Further assessment would be fecal analysis, basal cortisol and/or an ACTH stimulation test, cobalamin and folate assay, endoscopy of the upper GI tract with biopsies and possibly FNA cytology of the mesenteric lymph node.

Specific therapy would be dependent on an etiological diagnosis.







PATIENT

Drogon Phillips

SPECIES

Canine

BREED

Schnauzer Mix

SEX

Neutered male

AGE

2 years

WEIGHT

13. lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the High Country

REFERRING VET

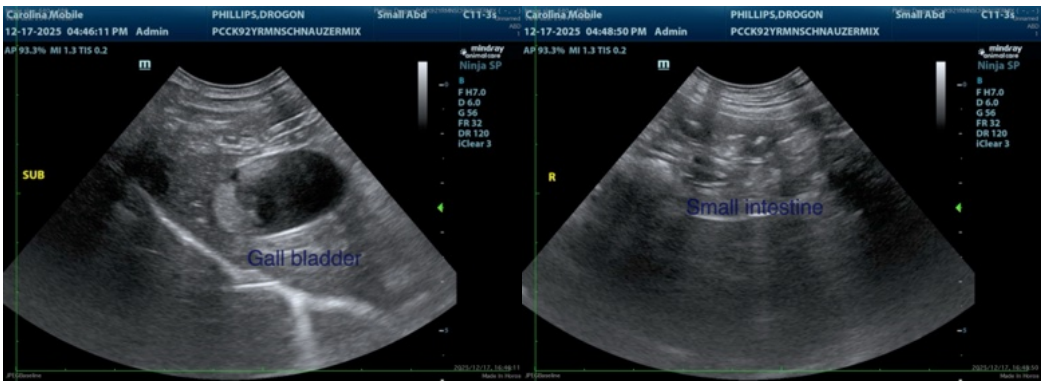
Dr. Sturgill

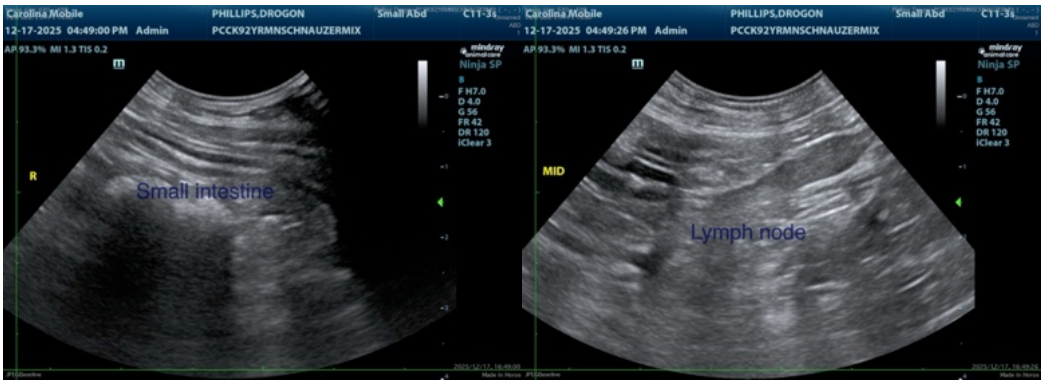
INVOICE

69373

DATE

12/17/25





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