



PATIENT

Loki Kurchock

SPECIES

Canine

BREED

Boxer

SEX

Neutered male

AGE

10 years

WEIGHT

65 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Charlotte Natural AC

REFERRING VET

Dr. Schacht

INVOICE

74296

DATE

4/8/26

PRESENTING CLINICAL SIGNS

History: chronic diarrhea, vomiting, borborygmus, regurgitation weight loss, acts hungry

PE: BCS 2.2/5, mm pink, CRT < 2 sec, abdomen tense No current blood work PCR on diarrhea- C. diff - treated with Tylan and improved but clinical signs returned

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 7.2 cm, right measured 6.7 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.

The prostate is small and hypoechogenic measuring 1.5 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.17 cm in length x 0.66 cm and 0.72 cm in width. The right adrenal gland had a small, parenchymal, hyperechogenic nodule measuring 0.7 cm in size. The right adrenal gland measured 2.23 cm in length x 0.99 cm and 0.85 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 2.2 cm in width. A small accessory spleen is evident caudal to the tail of the spleen.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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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.

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 was present within the colon.

Pancreas

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

- Right adrenal nodule.
- Accessory spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the right adrenal nodule would be an incidental, non-functional adenoma.

The accessory spleen 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, an underlying enteropathy such as dietary hypersensitivity, parasitic enteritis, inflammatory bowel disease, exocrine pancreatic insufficiency and intestinal dysbiosis should still be considered.

Further assessment would be fecal analysis, cobalamin, folate and TLI assay, intestinal dysbiosis index and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be feeding an intestinal Biome type diet, course of Fenbendazole and cobalamin supplementation.



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If there is not a satisfactory improvement then changing the diet to a novel protein/hypoallergenic diet would then be indicated and if there is still a not satisfactory improvement then a course of Prednisolone would then be indicated.

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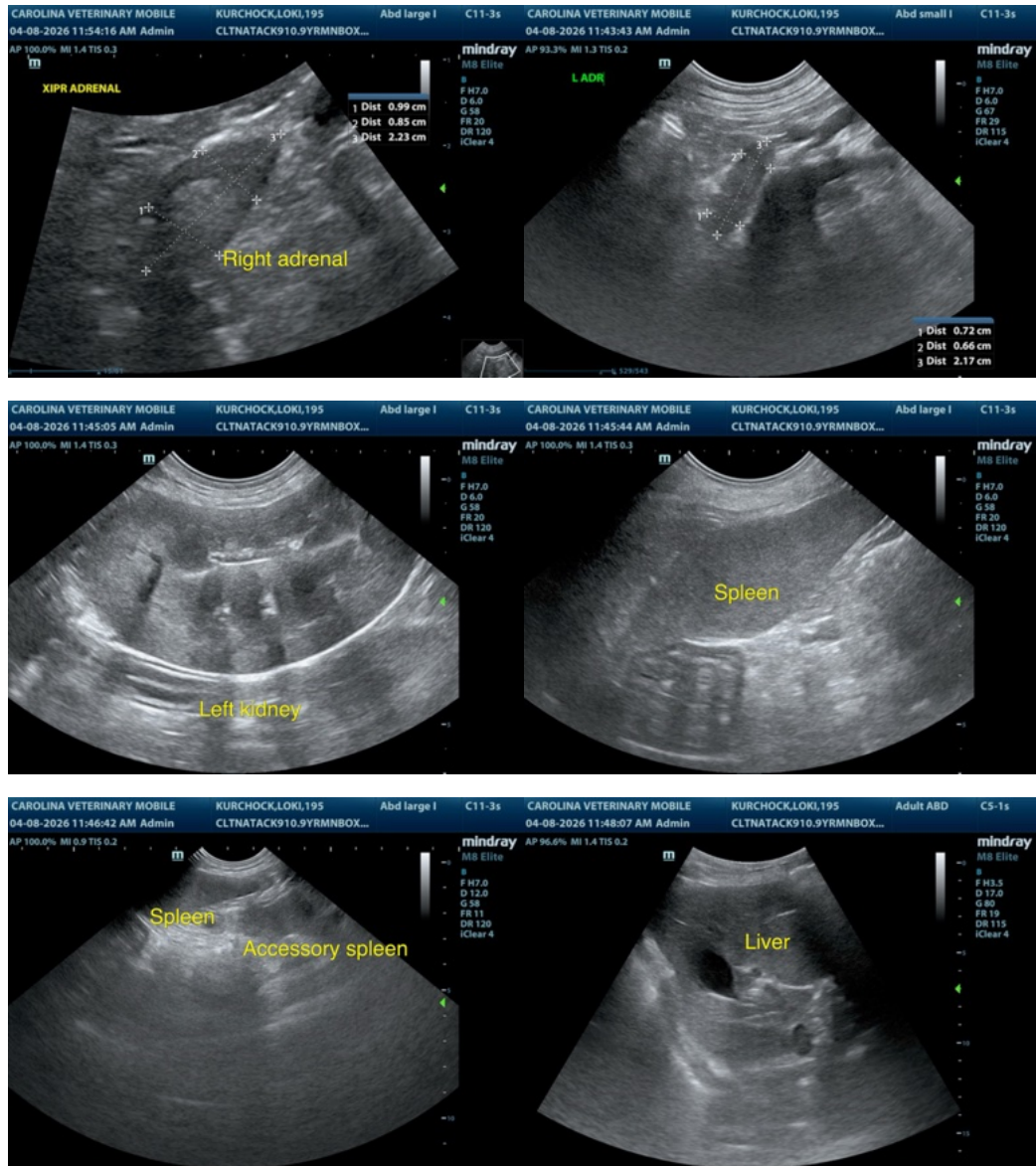
Dr. Schacht

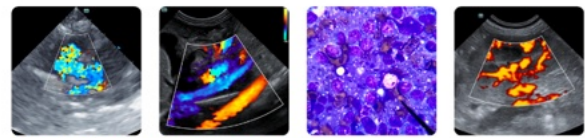
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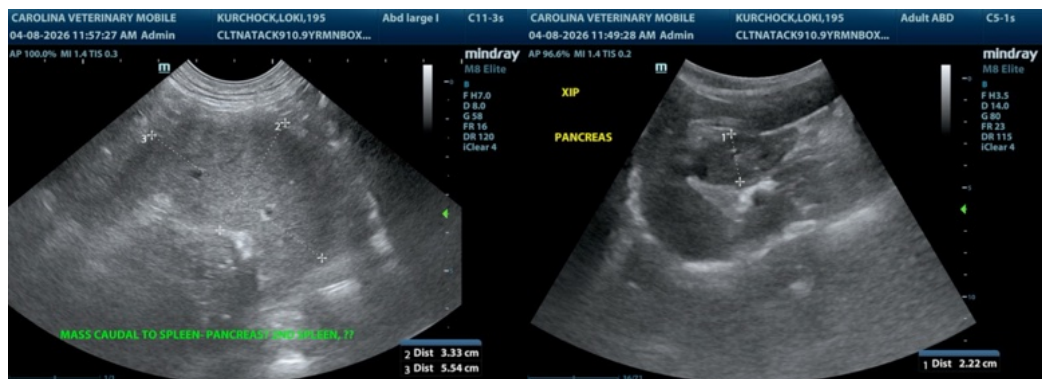
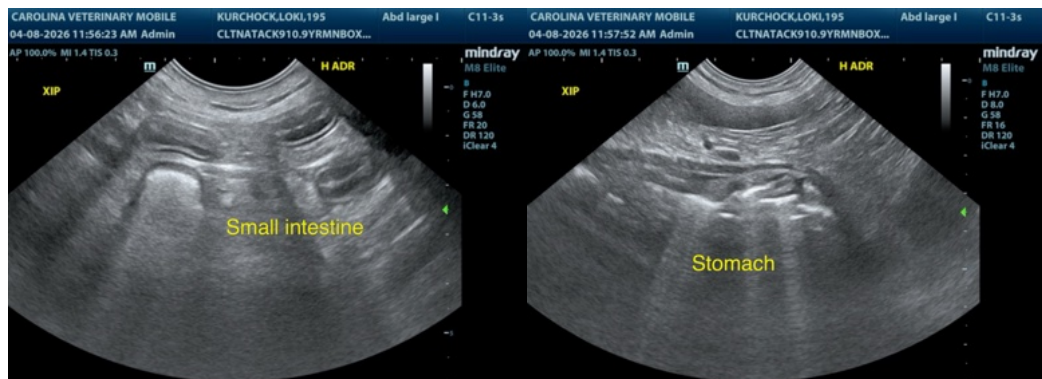
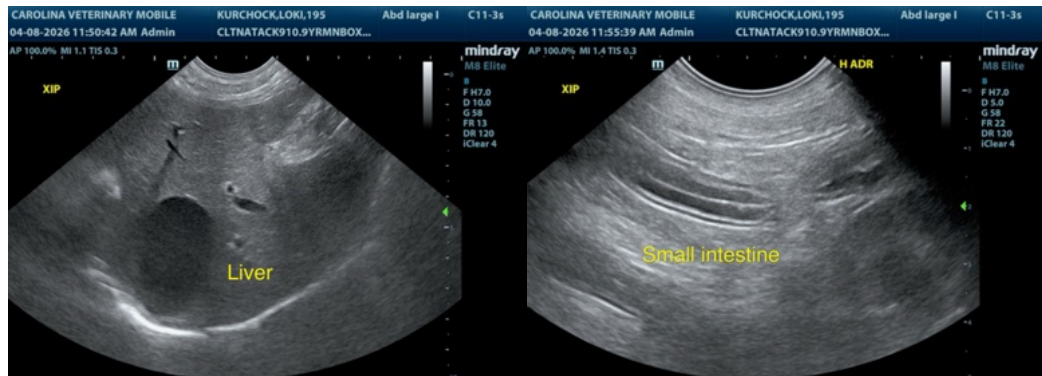
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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