



PATIENT

Zoey Rodgers

SPECIES

Canine

BREED

Australain Shepherd
Mix

SEX

Spayed female

AGE

11 years

WEIGHT

71 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd, DVM

HOSPITAL NAME

Steele Creek AH

REFERRING VET

Dr. Daniels

INVOICE

74332

DATE

4/9/26

PRESENTING CLINICAL SIGNS

History: Bloody diarrhea, diarrhea, hyporexia, , defecating in house for past week
H/O taking one baby aspirin daily for joint support
R/O GI ulcer, pancreatitis, dietary indiscretion, IBS
TX: Sucralfate, Proviabie, bland diet, Carprovet
Abnormal PE/Chem/CBC/UA Results: PE: TPR WNL, BCS 5/9, mm pink, CRT < 1 sec, abd- non-tender but tense during aus; bright orange feces on rectal exam, anal glands normal CBC- WNL CHEM- ALP 387 (N < 131)

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 5.6 cm, right measured 6.5 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 evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.79 cm in length x 0.5 cm and 0.47 cm in width. The right adrenal gland measured 2.36 cm in length x 0.42 cm and 0.5 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 1.9 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.



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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 is present in the colon.

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

Focal, prominent mesenteric lymph nodes measuring 0.7 x 1.1 cm in size with a slightly rounded shape, but maintained a normal echogenic appearance. The rest of the mesenteric lymph nodes appeared normal.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Focal mesenteric lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

On this ultrasound there is no obvious etiology for the presenting clinical signs. The most likely etiology for the presenting clinical signs would be non-specific enteritis such as dietary indiscretion, toxins, viral, parasites and possibly drug induced.

Further assessment would be fecal analysis.

Symptomatic management would be feeding small frequent meals of a low fat intestinal type diet, intestinal absorbents/protectants and discontinuing the NSAID therapy.



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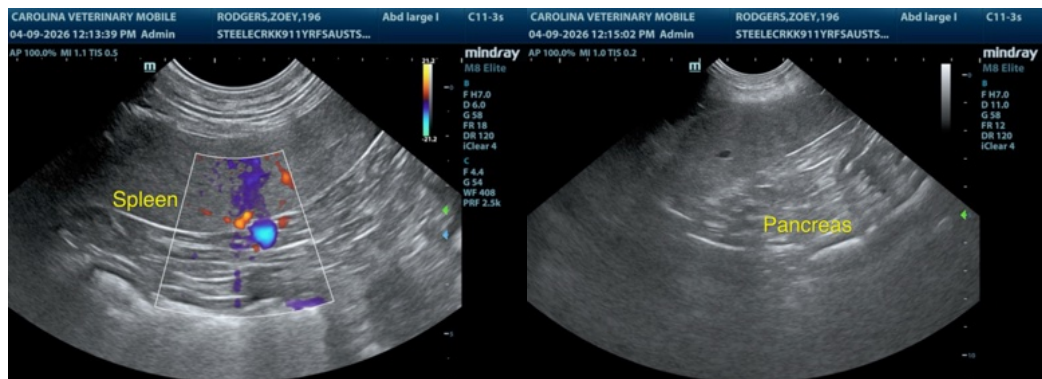
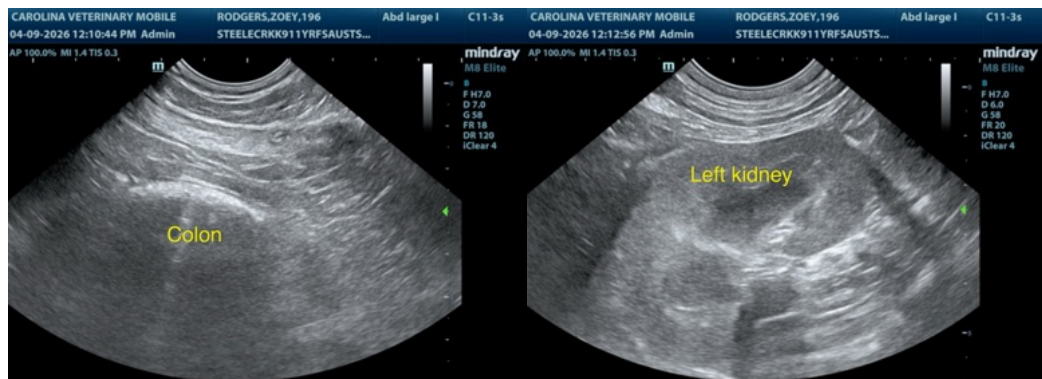
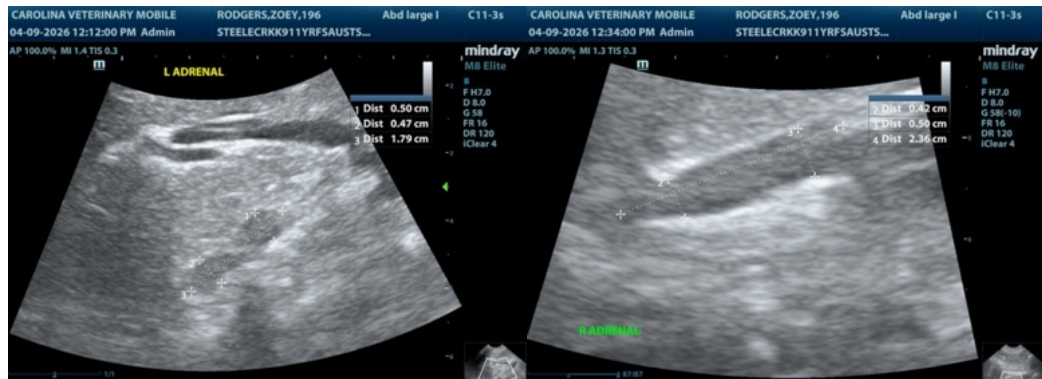
Dr. Daniels

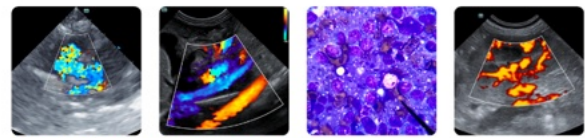
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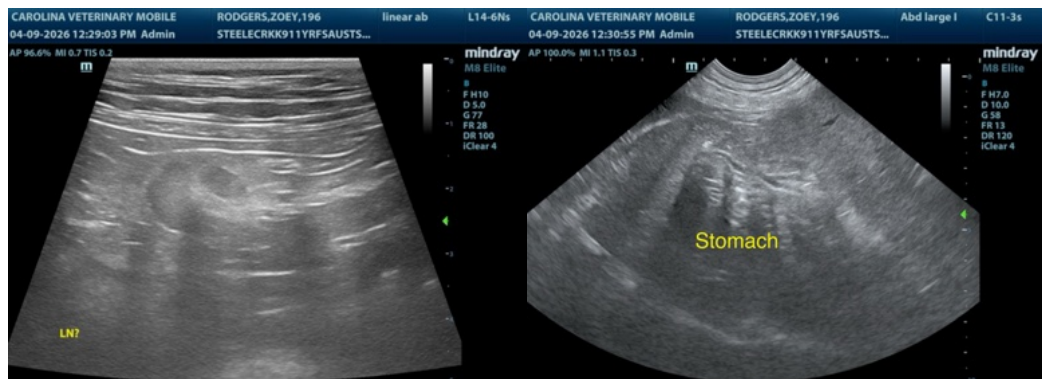
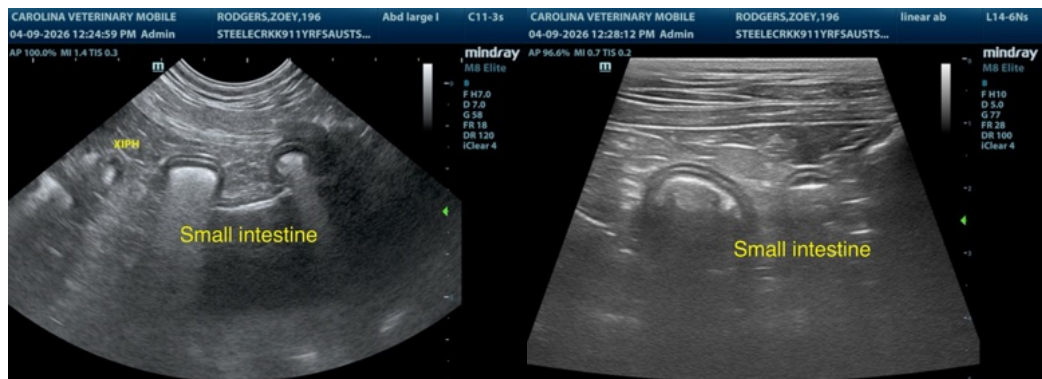
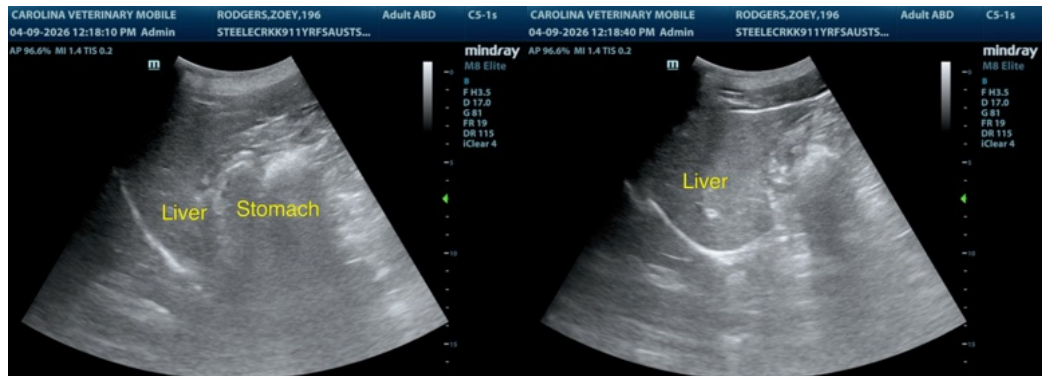
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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