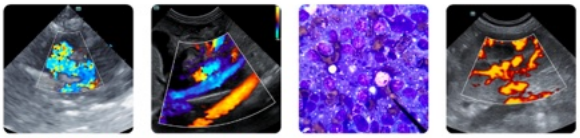


PATIENT

Lola Mae Shirley

SPECIES

Canine

BREED

Cavipoo Mix

SEX

Spayed female

AGE

4 years

WEIGHT

20 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd, DVM

HOSPITAL NAME

West Lincoln VH

REFERRING VET

Dr. Frye

INVOICE

78249

DATE

6/2/26

PRESENTING CLINICAL SIGNS

History: Pet began having diarrhea and vomiting several days ago. The vomit had some specks of blood in it.She had a previous bout 10 days ago. She appears to be responding to medication (Metronidazole, Sucralfate) and stool today appeared normal in color and consistency today. Abnormal PE/Chem/CBC/UA Results: PE: quiet, CBC- WNL Prothrombin and APTT- normal CHEM- normal except Na/K- slightly ^ Abdominal rads- will send- some loss of serosal detail in mid-abdomen, on VD, stool and some gas in colon

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment.

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 4.2 cm, right measured 4.7 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. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

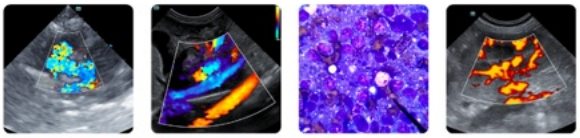
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.13 cm in length x 0.31 cm and 0.37 cm in width. The right adrenal gland measured 1.48 cm in length x 0.42 cm and 0.29 cm in width.

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 1.8 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 full 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 and ileo-cecal junction with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Focal thickening of a section of the wall of the colon measuring 0.5 x 1.5 cm in size with a hypoechogenic appearance, but with no loss of layering. The rest of the colon had 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

Prominent mesenteric lymph nodes measuring 0.8 cm in size maintaining a normal shape and echogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Focal colonic thickening.
- Prominent mesenteric lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the colonic thickening would be resolving colitis with granulomatous disease, parasitic colitis, ulcerative colitis.

Possible differential diagnosis with emerging neoplasia an unlikely differential diagnosis.

The most likely etiology for the prominent appearance of the mesenteric lymph nodes would be reactive hyperplasia secondary to the diarrhea.

Further assessment that could be considered (especially if there is not a satisfactory improvement with the current therapy) would be colonoscopy with biopsies.

Further specific therapy would be dependent on an etiological diagnosis.

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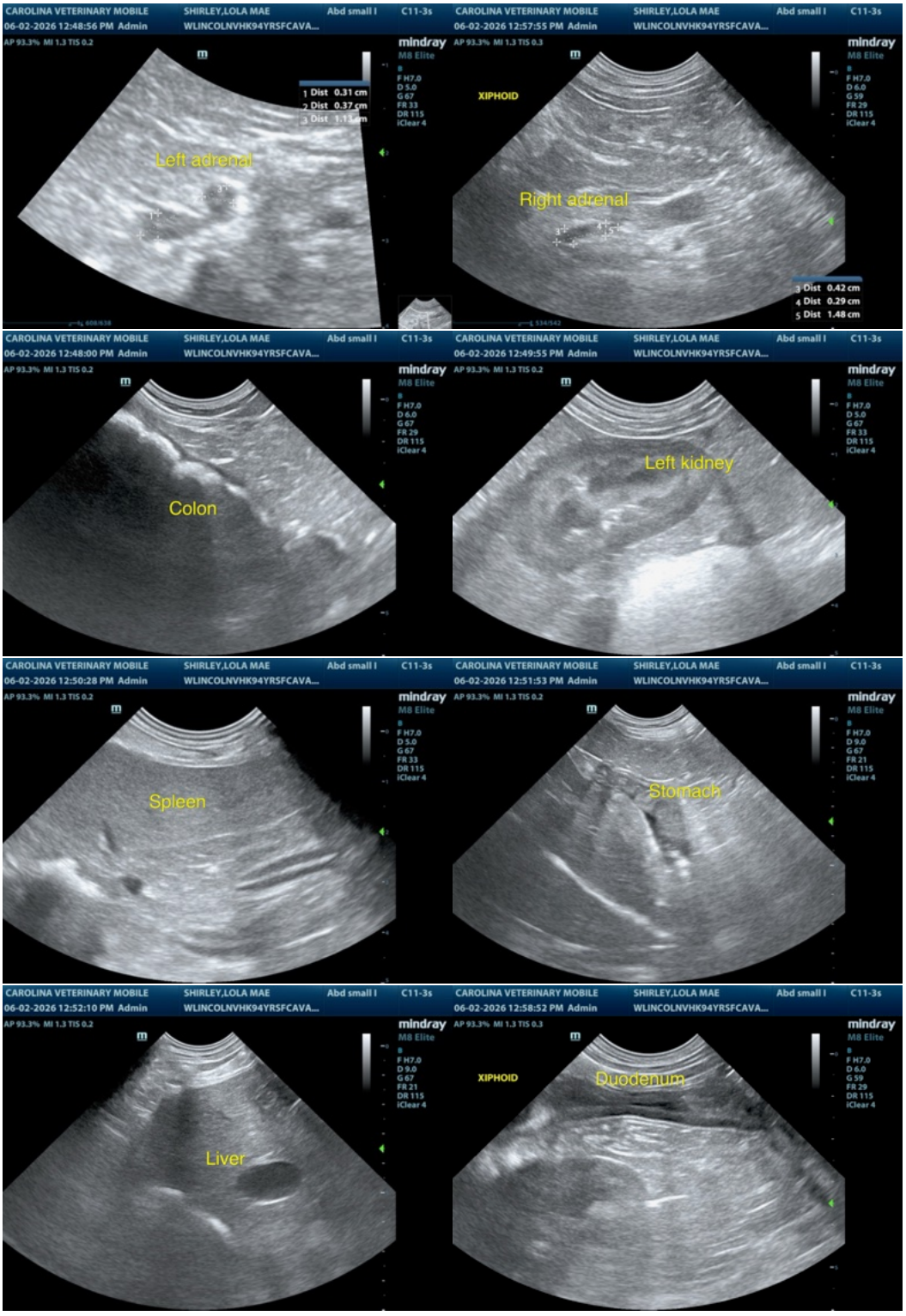

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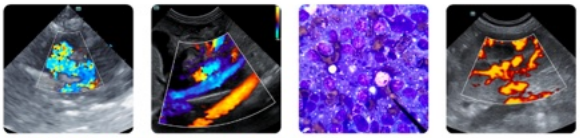

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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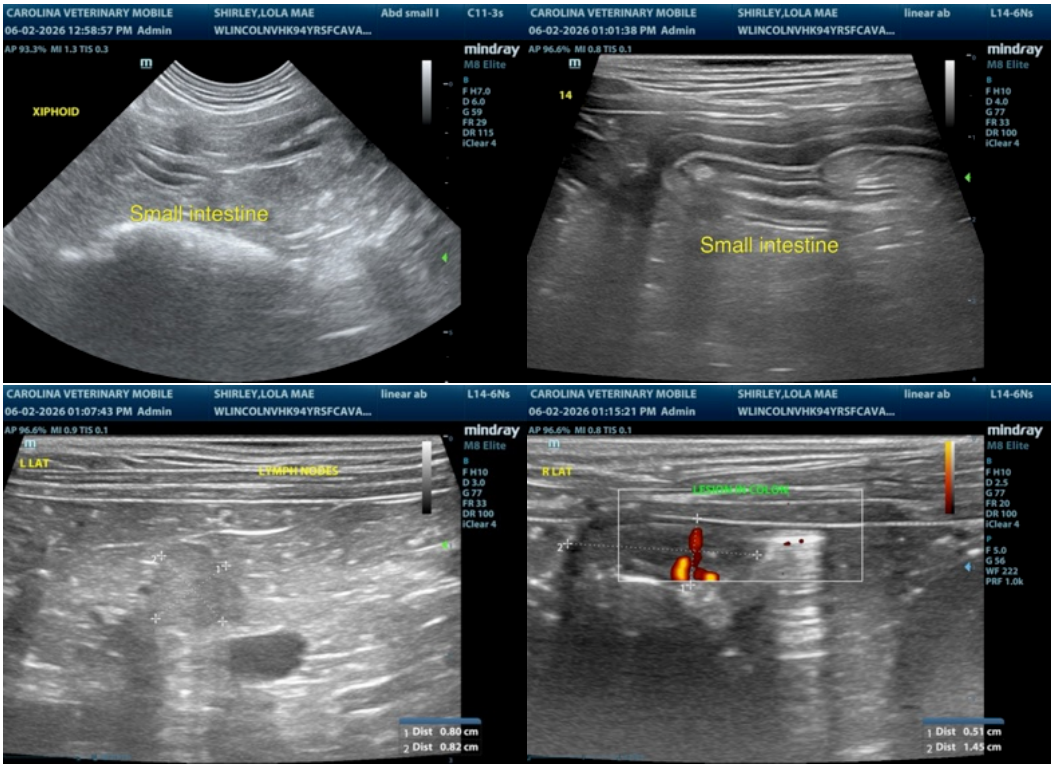

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com