



PATIENT

Bella Lothian

SPECIES

Canine

BREED

Coton De Tuler

SEX

Spayed female

AGE

10 years

WEIGHT

8.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Country Lakes AC

REFERRING VET

Dr. Griffith

INVOICE

68884

DATE

11/20/25

PRESENTING CLINICAL SIGNS

History: hypoalbuminemia, hypoproteinemia, R/O PLE recent diarrhea.
Abnormal PE/Chem/CBC/UA Results: hypoalbuminemia, hypoproteinemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 3.2 cm, right measured 3.5 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

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.69 cm in length x 0.53 cm and 0.5 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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 0.7 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.

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.



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Gastrointestinal

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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 moderate amount of gas was present in the stomach.

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Pancreas

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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.

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Free Abdomen

AGE

Normal mesenteric lymph nodes.

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No ascites evident.

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ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Although the GI tract appears ultrasonographically normal, with the presenting clinical signs and the hypoproteinemia, an underlying enteropathy such as primary lymphangectasia, parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease should still be considered.

IMAGING PERFORMED BY

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

Kerri Becker

Specific therapy would be dependent on an etiological diagnosis.

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Initial symptomatic management would be feeding small frequent meals of a low fat intestinal type diet, cobalamin supplementation, course of Fenbendazole and Prednisolone. If there is not a satisfactory improvement then changing the diet to a novel protein/hypoallergenic diet would then be indicated.

REFERRING VET

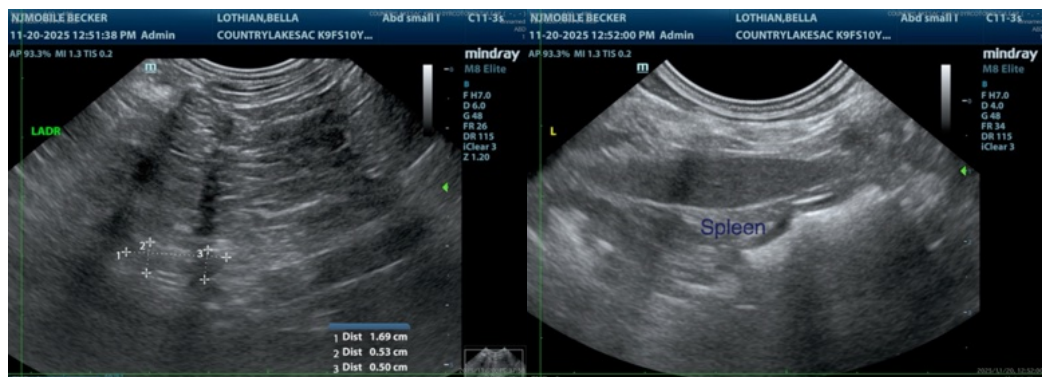
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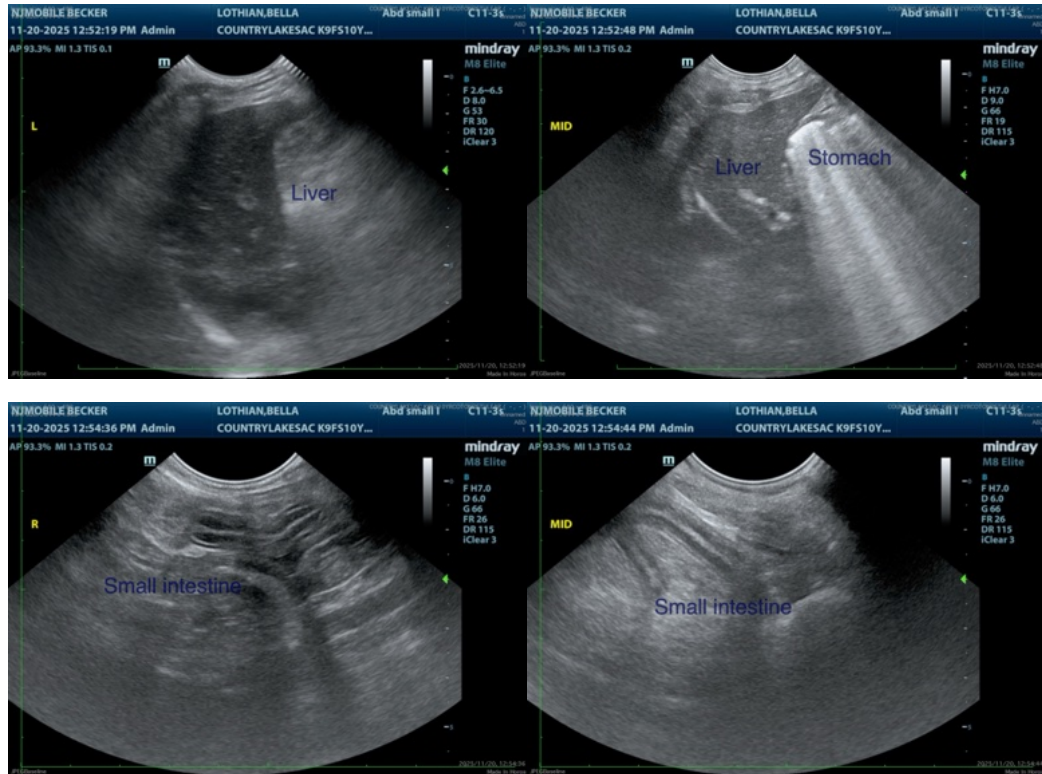
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com