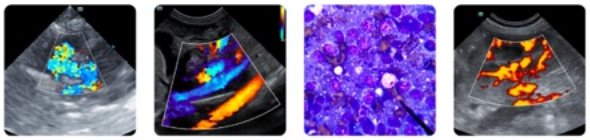


PATIENT

Rigby Fusselman

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed female

AGE

9 years

WEIGHT

10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Northside AH

REFERRING VET

Dr. Fusselman

INVOICE

69236

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History: Increased pollakiuira, decreased appetite, chronic loose stool. (prev. report from 10/24 attached) Current medications: Convenia given 12/1; joint supplement; Melatonin; Sertraline Abnormal PE/Chem/CBC/UA Results: USG: 1.037; RBC >50; MIC suspicious bacteria-pending

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 3.3 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. A small amount of acellular fluid was accumulating at the caudal pole of the left kidney.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.45 cm in length x 0.42 cm and 0.47 cm in width. The right adrenal gland measured 1.5 cm in length x 0.42 cm in width.

Spleen

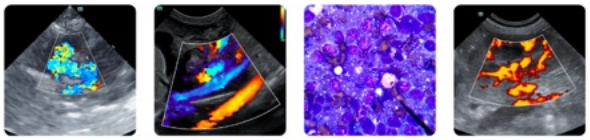
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.2 cm in width.

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

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. Patchy areas of mucosal stippling was present in the small intestine.

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

Normal mesenteric lymph nodes.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In comparison with the previous ultrasound the iliac lymphadenomegaly has resolved, but the small amount of fluid accumulation around the left kidney is still present and can be considered an incidental finding.

Etiologies for the enteropathy would be primary lymphangectasia, parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease.

Further assessment would be fecal analysis, cobalamin, and folate assay and 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 small frequent meals of a low fat intestinal type diet, cobalamin supplementation and a course of Fenbendazole. If there is not a satisfactory improvement in the loose stools, then changing the diet to a novel protein/hypoallergenic diet would be indicated and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.

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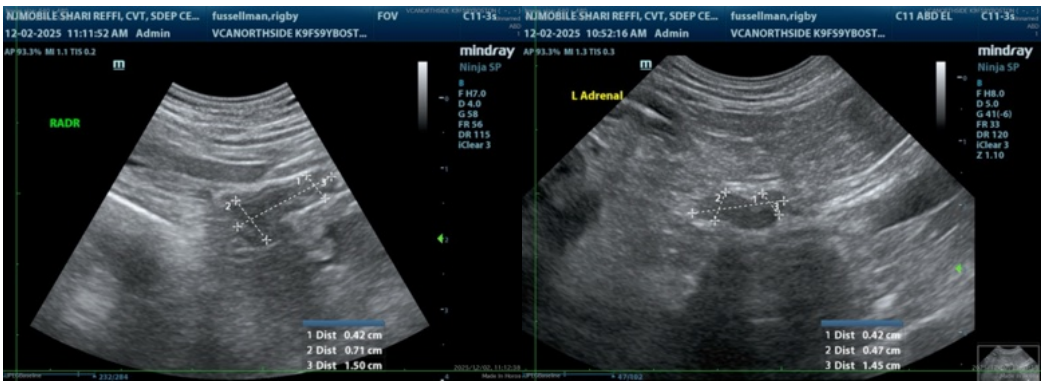

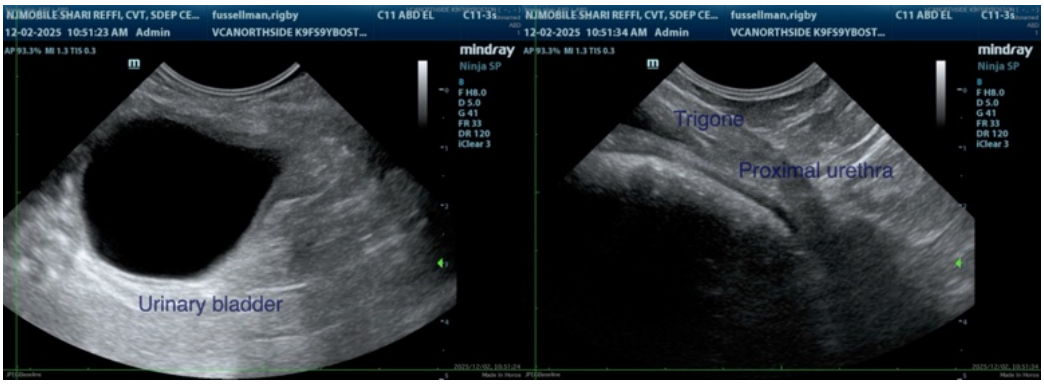

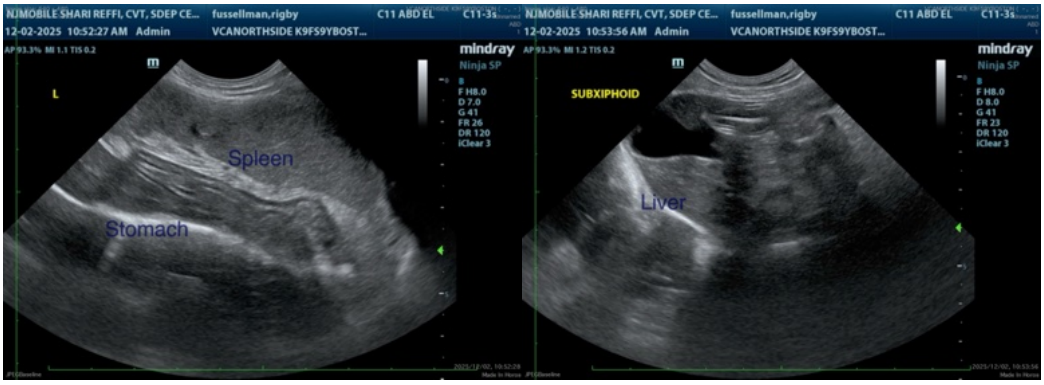

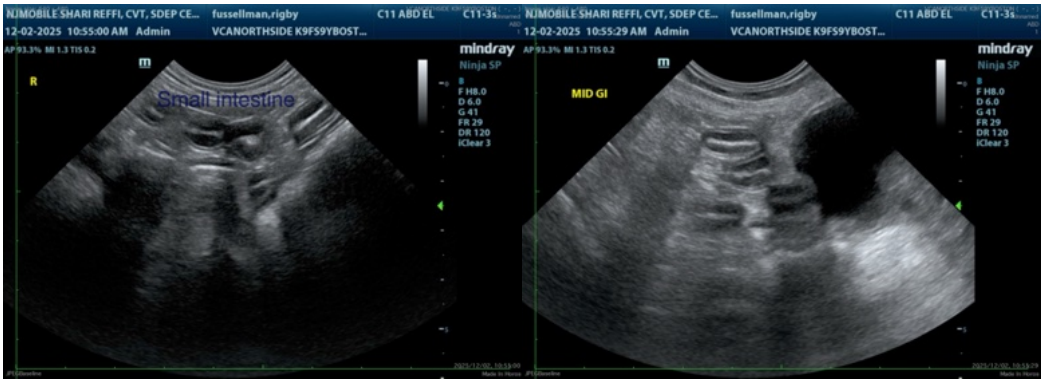

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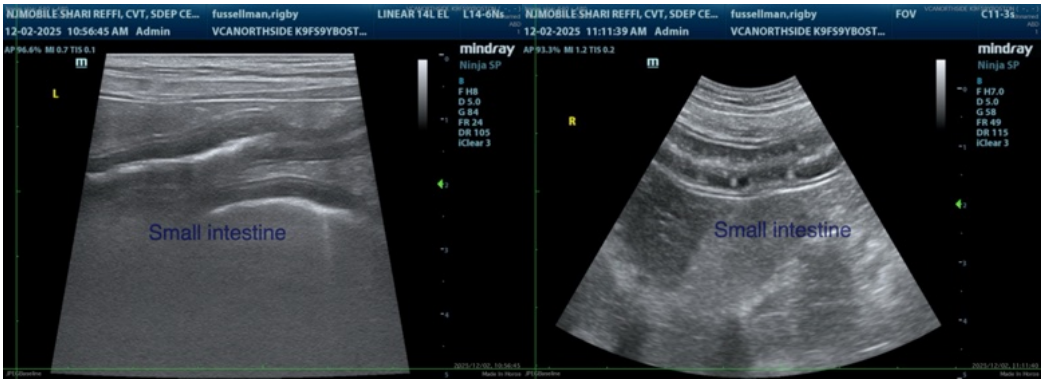

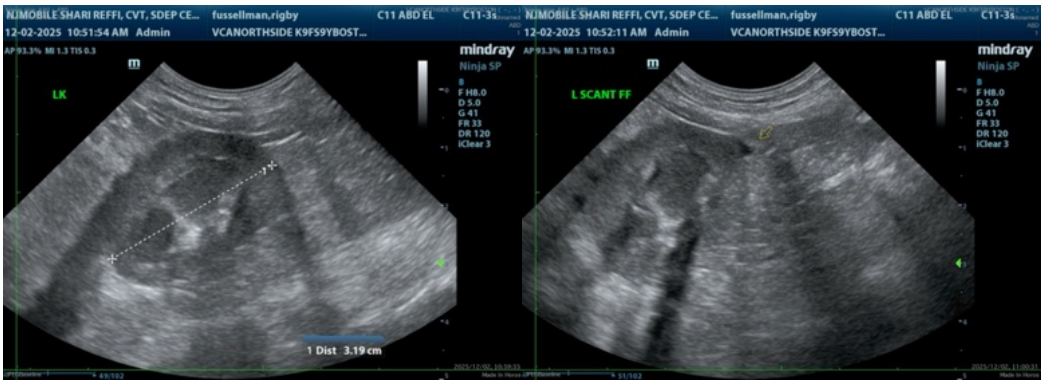

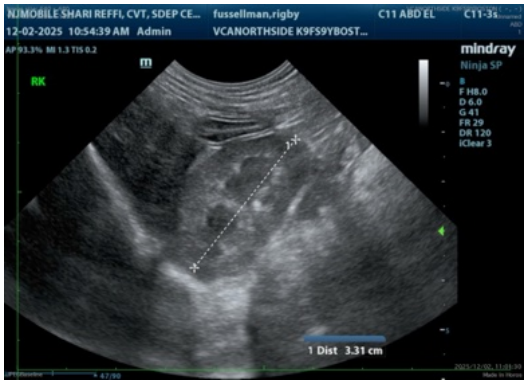

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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