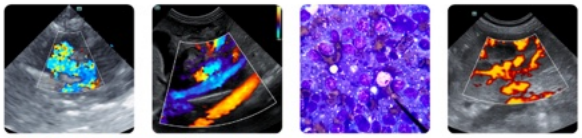


PATIENT
Dashi Aquino

SPECIES
Canine

BREED
Shiba Inu

SEX
Neutered male

AGE
13 years

WEIGHT
18 lbs

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

IMAGING PERFORMED BY
Kerri Becker

HOSPITAL NAME
St George VH

REFERRING VET
Dr. Ng

INVOICE
69323

DATE
12/4/25

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea, CRD. Diarrhea responsive to metro and tylan but re-occurring. Renal diet.
Abnormal PE/Chem/CBC/UA Results: Aug. 2025 BUN-84 Cre-2.4

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 3.9 cm, right measured 4.2 cm), normal echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.09 cm in length x 0.51 cm and 0.53 cm in width. The right adrenal gland measured 2.26 cm in length x 0.57 cm in width.

Spleen

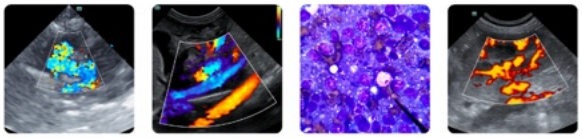
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.1 cm in width.

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.

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.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Renal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic kidney disease and in line with the patient's history.

On this ultrasound there is no obvious etiology for the presenting clinical sign of diarrhea.

Although the GI tract appears ultrasonographically normal with the chronic diarrhea an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity, inflammatory bowel disease and intestinal dysbiosis should still be considered. Exocrine pancreatic insufficiency would be a potential differential diagnosis.

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

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the enteropathy would ideally be feeding a novel protein/hypoallergenic diet (however, the renal disease and renal diet needs to be taken into consideration), cobalamin supplementation, course of Fenbendazole and if there is still not a satisfactory improvement then a course of Prednisolone should then be considered.

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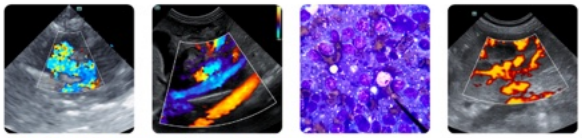

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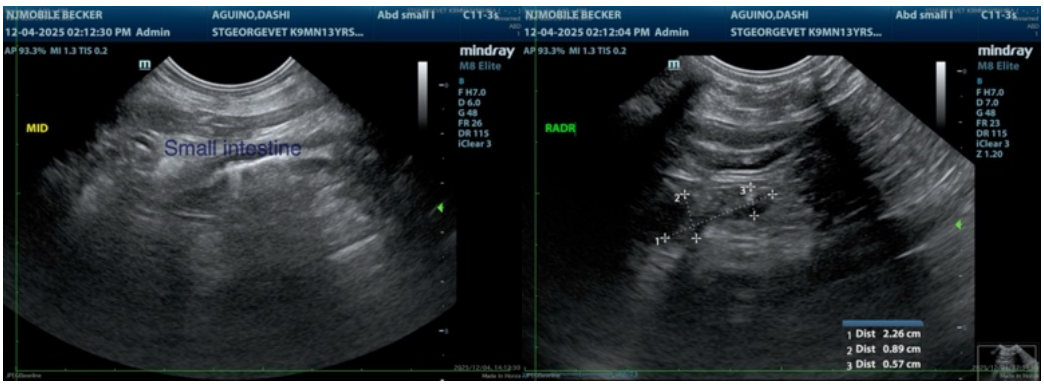

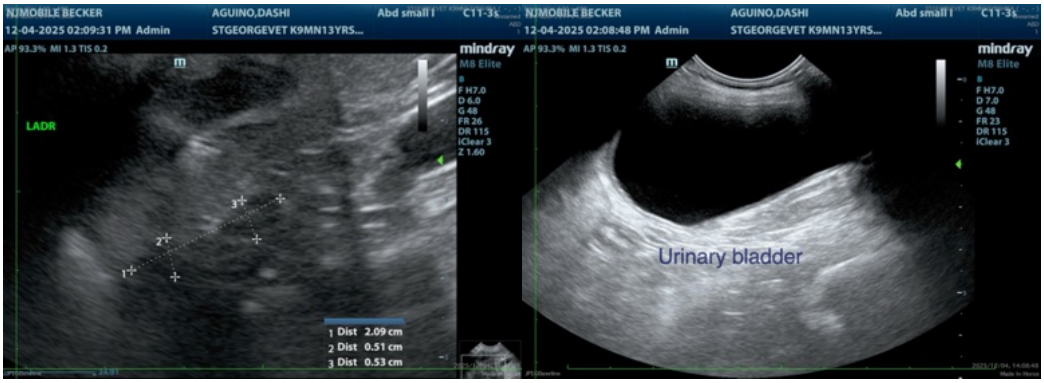

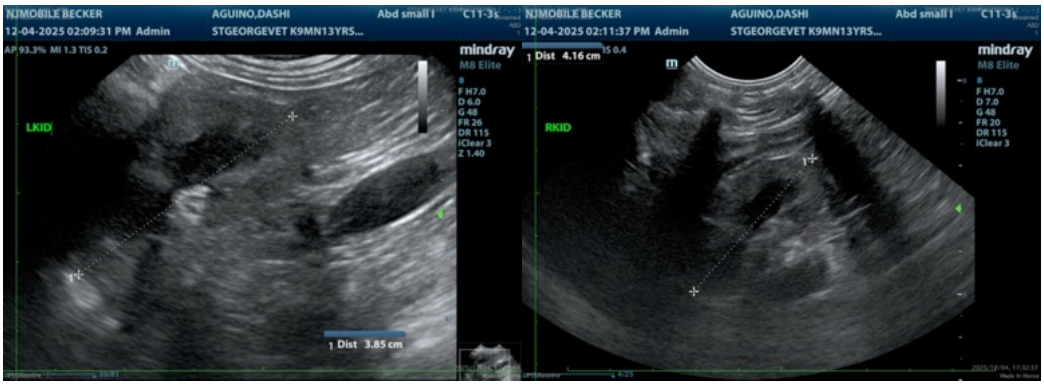

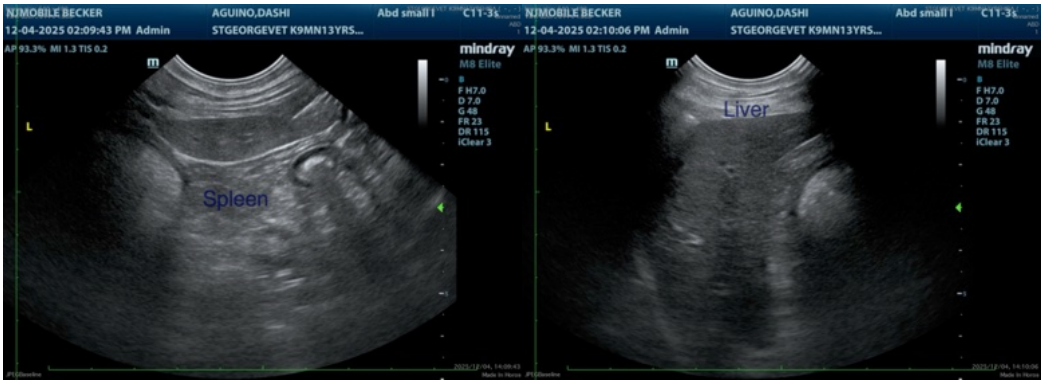

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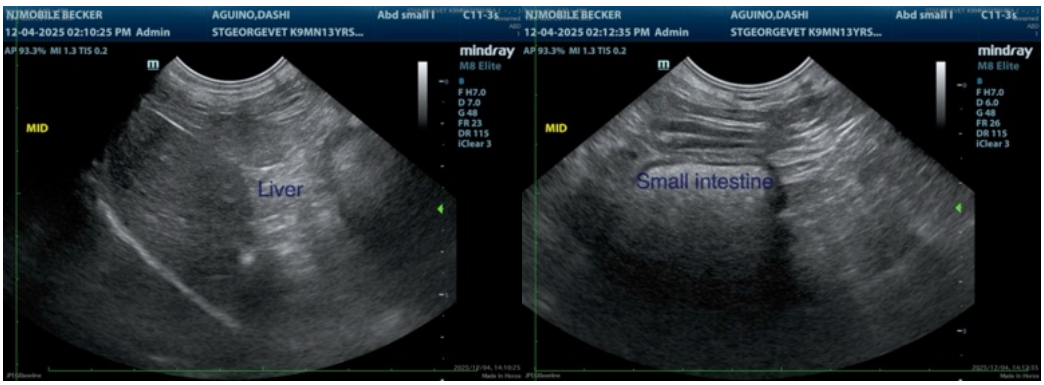

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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