



PATIENT

Remmi Aponte

SPECIES

Canine

BREED

Pit Mix

SEX

Female

AGE

7 years

WEIGHT

53 lbs

PRESENTING CLINICAL SIGNS

- WT loss, diarrhea, protein losing enteropathy
- Meds visbiome, pred, metro
- Alb-1.8 chol-85 Lyme pos. UA 3+ blood usg-1.054

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 6.8 cm, right measured 6.6 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.

INTERPRETED BY

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

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.19 cm in length x 0.61 cm and 0.61 cm in width. The right adrenal gland measured 2.23 cm in length x 0.8 cm and 0.5 cm in width.

IMAGING PERFORMED BY

Kerri Becker

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.

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Budd Lake AH

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Dr. Hagelbeeg

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.



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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. Duodenum measured 0.6 cm, small intestine measured up to 0.45 cm. A moderate amount of ingesta was present in the stomach compatible with a recent meal. Patchy mucosal stippling was present in the duodenum.

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

- Normal ultrasound examination of the abdomen.

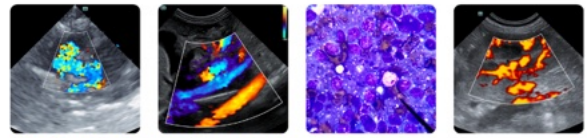
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the duodenal stippling can be ascribed to a recent meal, underlying primary intestinal lymphangectasia would be an important differential diagnosis.

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

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 would be to continue with the current therapy adding cobalamin supplementation and a course of Fenbendazole and initially feeding a low fat intestinal type diet. However, if there is no significant improvement, then changing the diet to a novel protein/hypoallergenic diet would be recommended.



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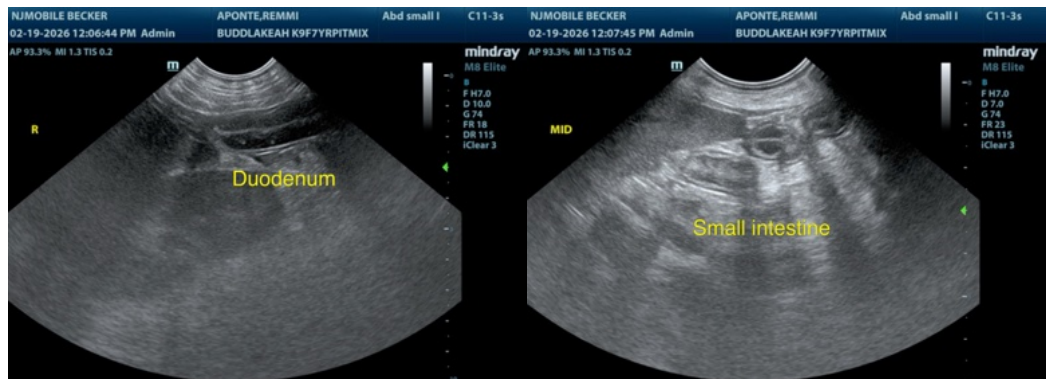
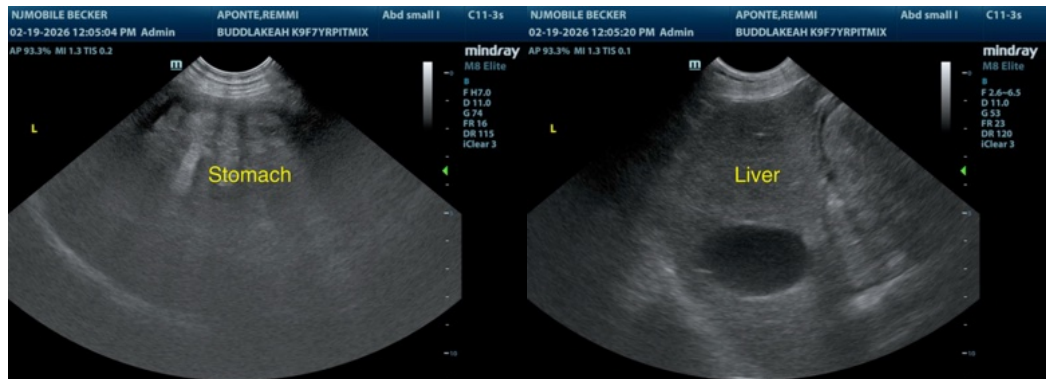
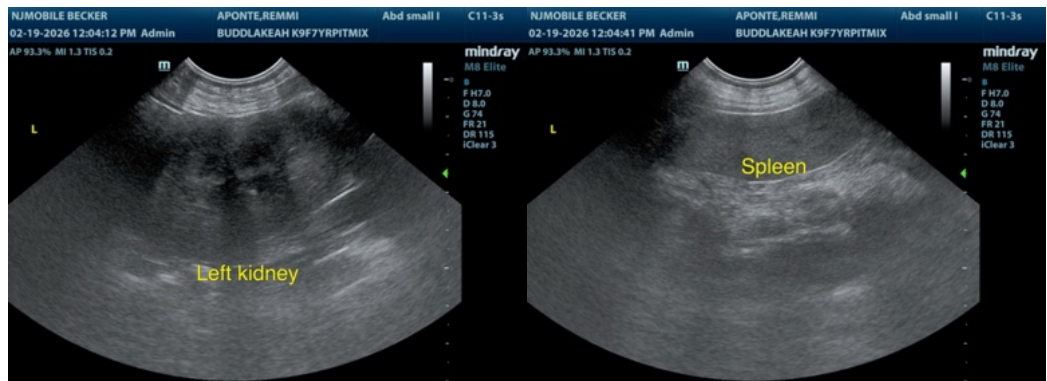
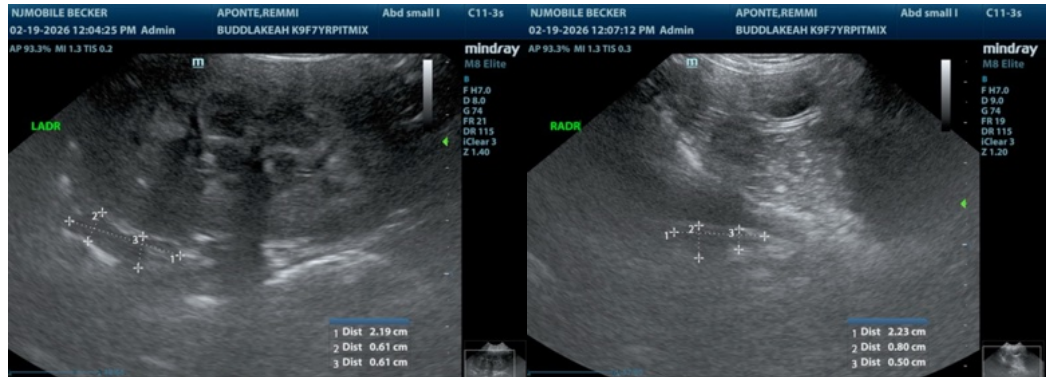
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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