



PATIENT

Diesel Madia

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

10 years

WEIGHT

43 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal Hospital
Roxbury

REFERRING VET

Dr. Elia

INVOICE

73863

DATE

3/26/26

PRESENTING CLINICAL SIGNS

- Chronic diarrhea and intermittent vomiting and weight loss
- Lyme Positive

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a thickened and irregular appearance of the apical wall measuring up to 0.8 cm with the rest of the wall having a normal thickness and a smooth appearance. 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 6.4 cm, right measured 6.2 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.

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 1.65 cm in length x 0.55 cm and 0.79 cm in width. The right adrenal gland measured 2.94 cm in length x 0.69 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 2.6 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.



PATIENT

Diesel Madia

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

10 years

WEIGHT

43 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebecca Hamilton

HOSPITAL NAME

Animal Hospital
Roxbury

REFERRING VET

Dr. Elia

INVOICE

73863

DATE

3/26/26

Gallbladder

The gallbladder is full containing a small amount of non-adhered hyperechogenic sediment. 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, 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

- Focal urinary bladder thickening.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the urinary bladder thickening would be chronic bacterial cystitis, granulomatous disease and possibly emerging neoplasia.

The gallbladder sediment is most likely an incidental finding.

On this ultrasound there is no obvious etiology for the presenting clinical signs and although the GI tract appears ultrasonographically normal, with the presenting clinical signs an underlying enteropathy such as dietary hypersensitivity, parasitic enteritis and inflammatory bowel disease should still be considered. Exocrine pancreatic disease would be a less likely differential diagnosis.

Further assessment of the urinary bladder would be urinalysis, urine culture, BRAF analysis and/or a catheter assisted aspirate/biopsy of the thickened urinary bladder wall for cytology/histopathology and culture.

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



PATIENT

Specific therapy would be dependent on an etiological diagnosis.

Diesel Madia

Symptomatic management of enteropathy would be feeding a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

10 years

WEIGHT

43 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal Hospital
 Roxbury

REFERRING VET

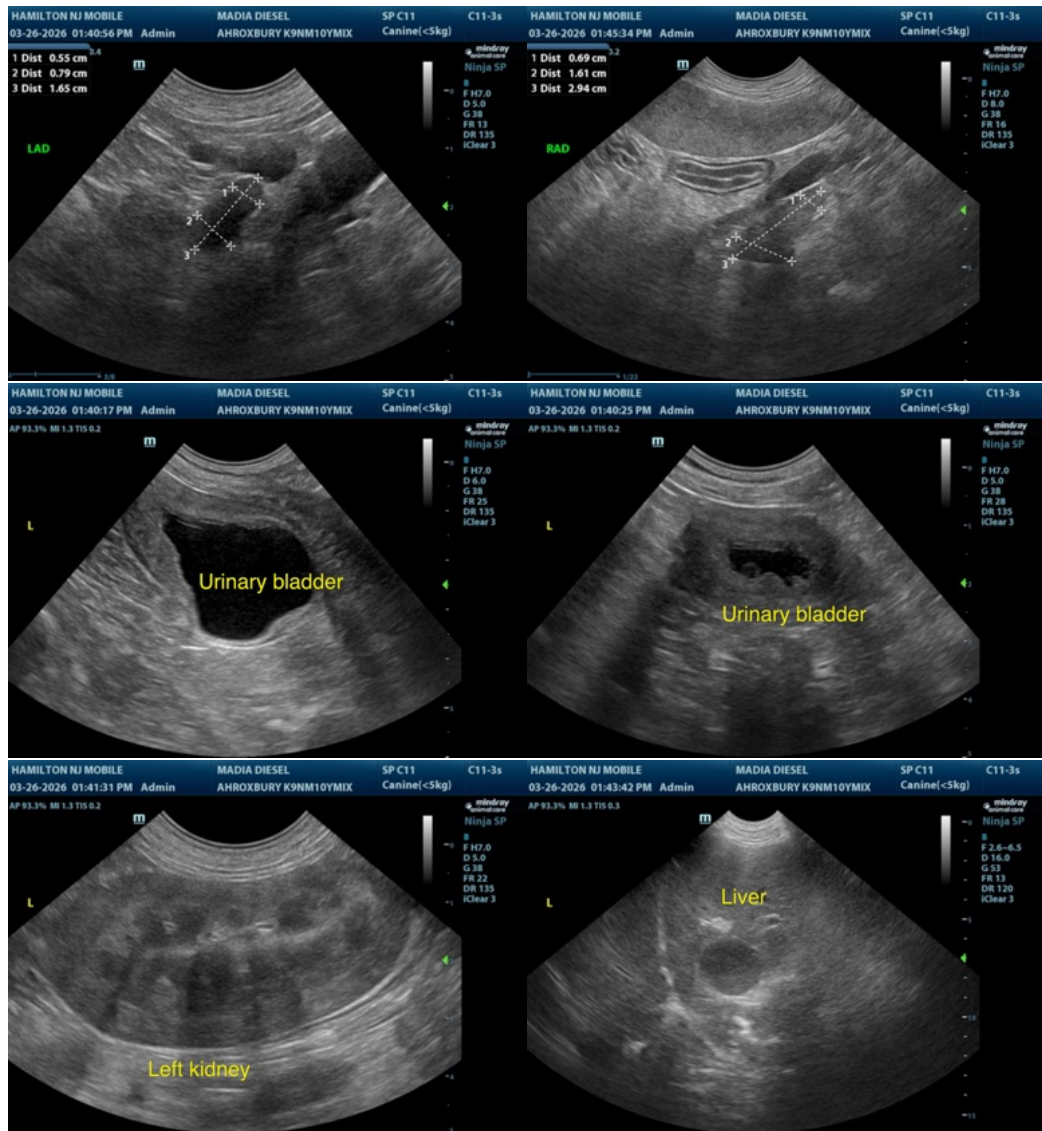
Dr. Elia

INVOICE

73863

DATE

3/26/26





PATIENT

Diesel Madia

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

10 years

WEIGHT

43 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal Hospital
 Roxbury

REFERRING VET

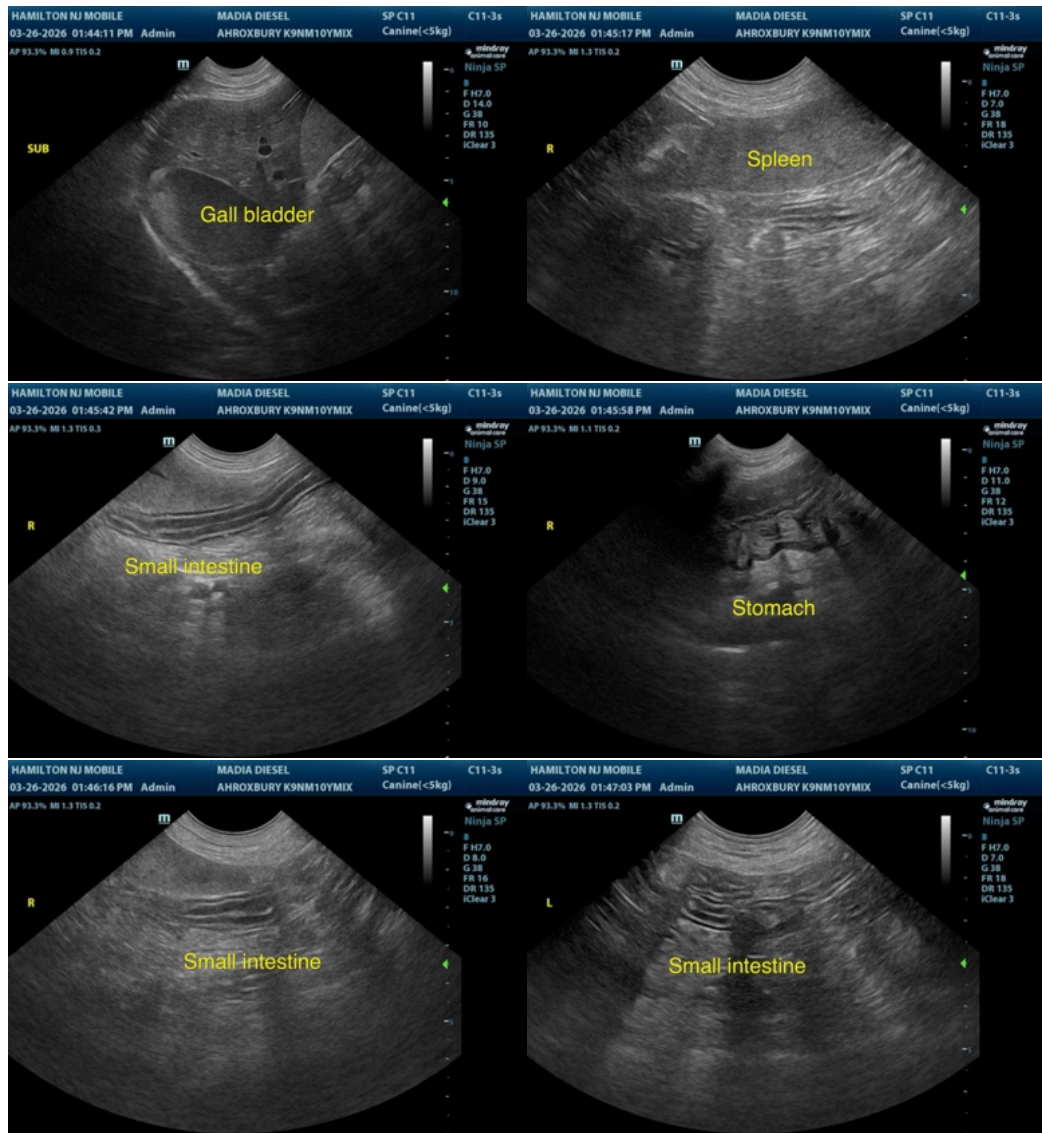
Dr. Elia

INVOICE

73863

DATE

3/26/26



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