



PATIENT

Phoebe Williams

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

14 years

WEIGHT

59.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd, DVM

HOSPITAL NAME

City Vet Marvin

REFERRING VET

Dr. Welsh

INVOICE

69864

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Vomiting, anorexia and pain of more acute onset after TPLO. Treated with Cerenia and Carprofen but now has liquid diarrhea. Began IV fluids and Metronidazole this am.
Abnormal PE/Chem/CBC/UA Results: PE: abdominal pain (given Butorphanol for procedure); mm tacky CBC and panel performed last week were normal Will do an inhouse PLI today

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 5.3 cm, right measured 5.5 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

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.71 cm in length x 0.83 cm and 0.67 cm in width. The right adrenal gland measured 0.57 cm and 0.47 cm in width.

Spleen

A focal, irregular, mottled echogenic mass in the body of the spleen with bulging of the overlying capsule evident. The mass measured 2.2 x 2.8 cm in size and appears to be vascularized. The rest of the spleen is of normal size, maintaining a normal echogenic appearance, smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. The spleen measures 2.1 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.



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Gallbladder

The gallbladder is full containing a moderate amount of hyperechogenic/mineralized 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, 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. Fluid filled loops of intestine with some containing small foreign material with no obvious obstructive pattern evident. The wall of the small intestine is of normal thickness with no loss of layering, but maintains a 1:3 muscularis to mucosa ratio.

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.

A small amount of acellular ascites present.

Hyperechogenic appearance of the mesentery especially in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Enteritis.
- Mesenteric inflammation with ascites.
- Splenic mass.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the appearance of the small intestine is consistent with acute enteritis such as dietary indiscretion, toxins, viral or drug induced, early foreign body obstruction should be considered.

Etiologies for the mesenteric inflammation and ascites would be secondary to the enteritis with sterile peritonitis and bacterial peritonitis possible differential diagnosis.

The most likely etiology for the splenic mass would be neoplasia with granuloma and hematoma a less likely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.



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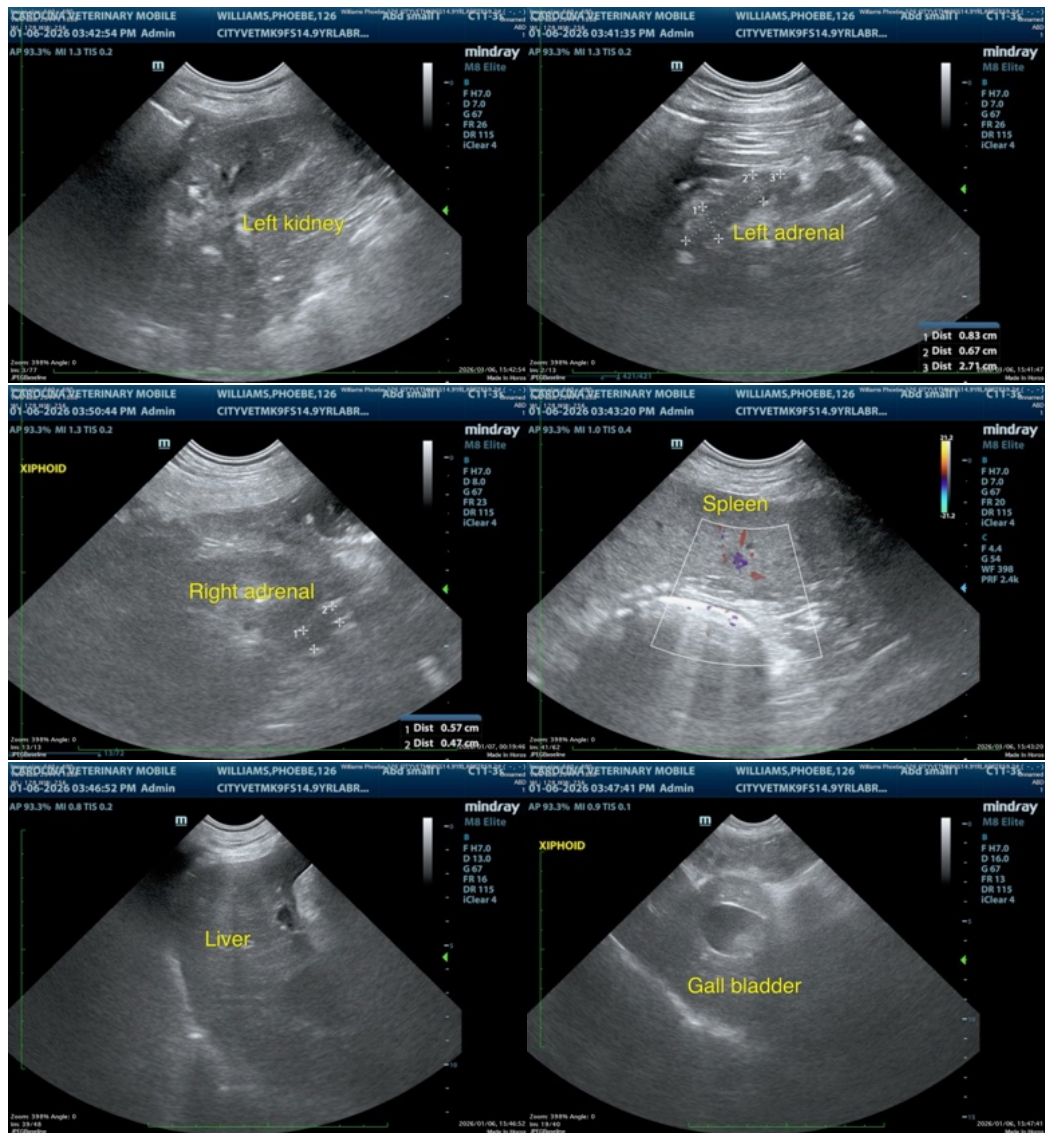
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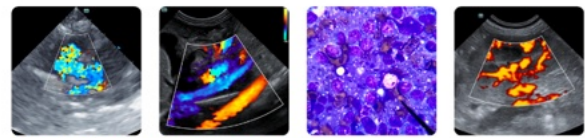
Initial management is to continue with the current therapy, use of intestinal absorbents/protectants and feeding small frequent meals of a low fat intestinal diet.

Repeating the ultrasound after 18-24 hours would be recommended and if there is not a satisfactory clinical improvement or improvement in the appearance of the intestines on ultrasound, and/or there is progressive ascites and mesenteric inflammation, then a laparotomy would be indicated.

Analysis of the ascitic fluid can also be considered.

Further assessment of the splenic mass would be three view thoracic radiographs and echocardiography to evaluate the right atrium and right auricle with ideal management being splenectomy.





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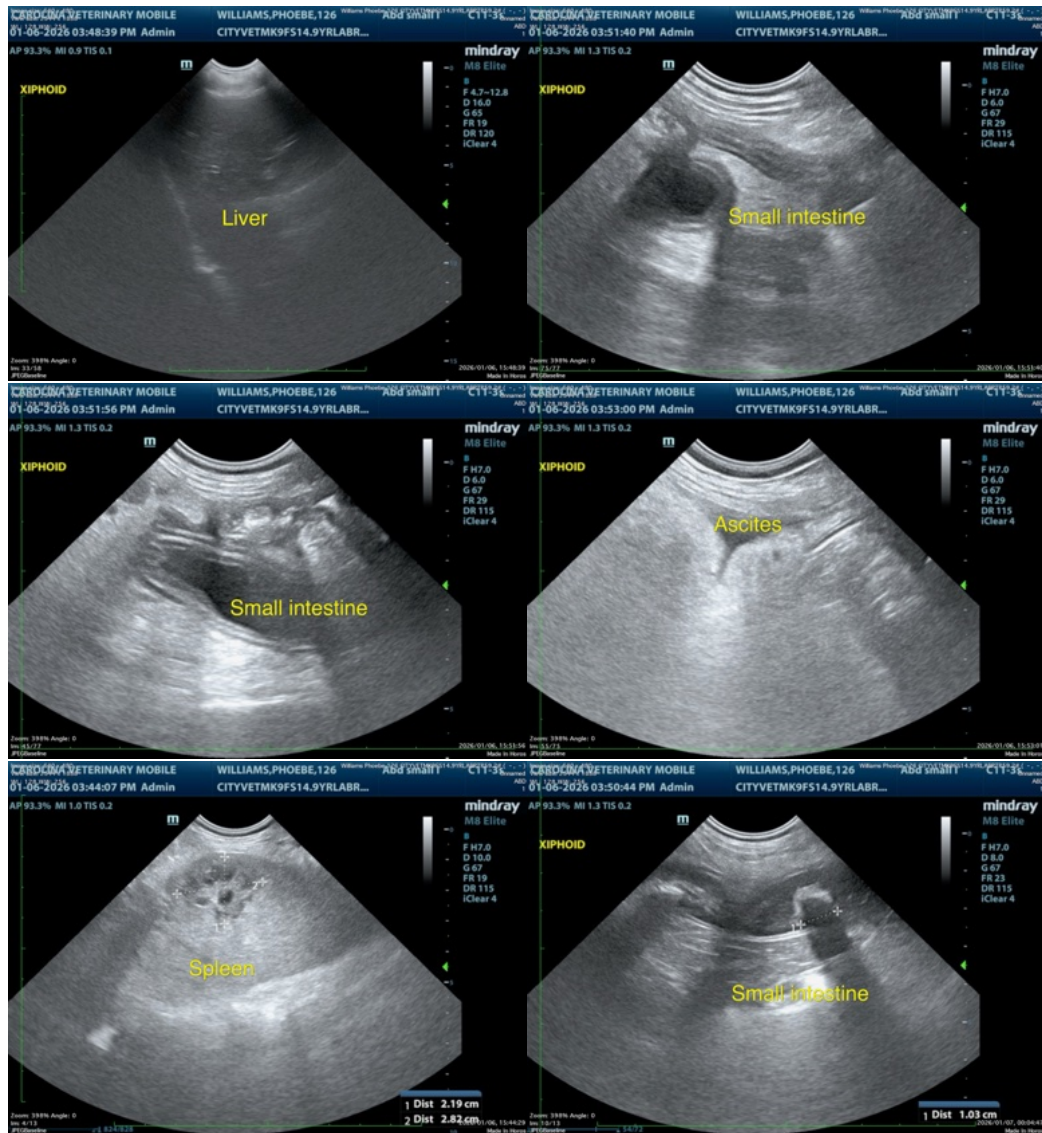
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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