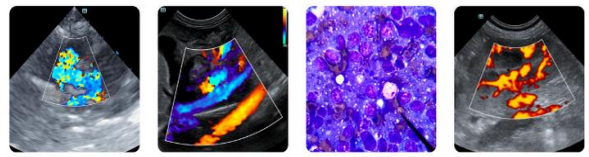


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Georgie D'Ottavio	Vomiting since Friday despite supportive care.
	Abnormal PE/Chem/CBC/UA Results: Pending
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	Urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
Labrador Retriever	The ovaries are visible without evident reproductive tract pathology noted in these images at this time.
<b>SEX</b>	Right kidney is normal in size (5.5 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
Fl	
<b>AGE</b>	Left kidney is normal in size (5.3 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
7mo	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
47lb	Right adrenal gland is normal in size (1.4 cm at cranial pole and 0.6 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
	Left adrenal gland is normal in size (0.29 cm at cranial pole and 0.64 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>INTERPRETED BY</b>	<b>Spleen</b>
Beth Johnson, DVM DACVIM	Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Chloe Lowe CVT	Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Animal Hospital Roxbury	Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.
<b>REFERRING VET</b>	
Dr Hickenbottom	
<b>INVOICE</b>	
24994	The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
<b>DATE</b>	
06/01/2026	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.



**PATIENT**

Georgie D'Ottavio

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

FI

**AGE**

7mo

**WEIGHT**

47lb

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**  
 Chloe Lowe CVT

**HOSPITAL NAME**

Animal Hospital  
 Roxbury

**REFERRING VET**

Dr Hickenbottom

**INVOICE**

24994

**DATE**

06/01/2026

**Pancreas**

Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**Free Abdomen**

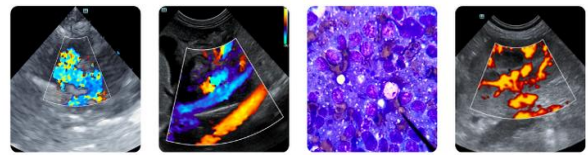
There is no evidence of peritoneal effusion. There is very mild diffuse lymphadenopathy, suspect juvenile lymphadenopathy.

**ULTRASONOGRAPHIC FINDINGS**

- Gastritis – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. Microulceration cannot be ruled out.
- Suspect juvenile lymphadenopathy, although mildly reactive lymph nodes cannot be definitively ruled out.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. As is reported already pending, a full general metabolic health screen is recommended to include CBC, chemistry panel electrolytes and UA.
2. A routine fecal /giardia exam is recommended if not recently evaluated.
3. Pending results of that evaluation as well as results of supportive/ symptomatic medical management of vomiting, additional gastrointestinal workup recommendations can include baseline cortisol. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism. A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function +/- fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.
4. In the meantime, supportive/symptomatic medical management of clinical signs is recommended, including anti-emetics, gastroprotectants (+/- sucralfate, especially with any history of hematemesis), an appetite stimulant and fluid therapy if indicated, etc. Additionally, empirical deworming with a 5-day course of Panacur is recommended as is a full course of empirical Helicobacter triple therapy. Finally, if tolerated, a transition in diet could be considered, based on trial-and-error response with some options to consider including a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs an easy to digest, bland or low-fat diet vs other.



**PATIENT**

Georgie D'Ottavio

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

FI

**AGE**

7mo

**WEIGHT**

47lb

**INTERPRETED BY**

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 Chloe Lowe CVT

**HOSPITAL NAME**

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 Roxbury

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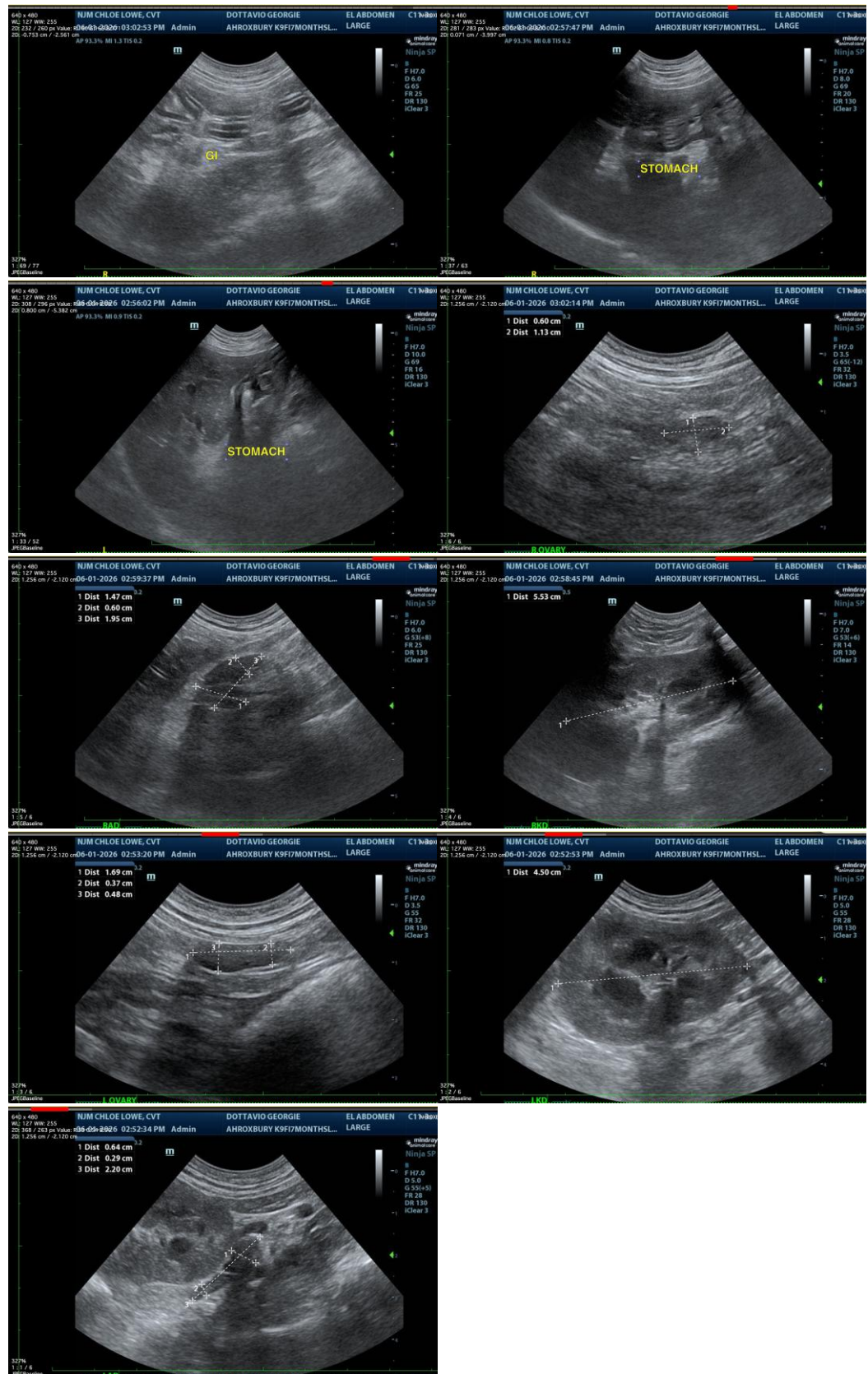
Dr Hickenbottom

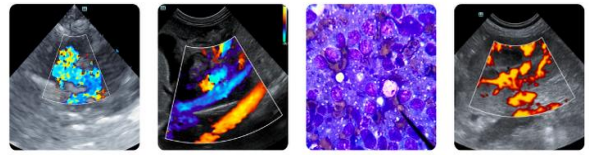
**INVOICE**

24994

**DATE**

06/01/2026





**PATIENT**

Georgie D'Ottavio

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.

**SPECIES**

Canine

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.

**BREED**

Labrador Retriever

**Beth Johnson, DVM DACVIM**

[info@SonoPath.com](mailto:info@SonoPath.com)

**SEX**

FI

**AGE**

7mo

**WEIGHT**

47lb

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**  
Chloe Lowe CVT

**HOSPITAL NAME**

Animal Hospital  
Roxbury

**REFERRING VET**

Dr Hickenbottom

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24994

**DATE**

06/01/2026