



PATIENT

Max Berry

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

11 years

WEIGHT

28 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Reser

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Reser

INVOICE

70029

DATE

1/12/26

PRESENTING CLINICAL SIGNS

History: Dog has had chronic intermittent vomiting and diarrhea for past year or more. Prev. anemia that appears to be improving. Recent acute onset of lack of appetite, owner unsure if vomiting or diarrhea this time. Has been on metronidazole in past and seems to help, had some blood in vomit in past.

Abnormal PE/Chem/CBC/UA Results: Temp 101.8. Dog is lethargic, mildly tense in abdomen. Recent (2 mos ago) labs showed HCT at 33, up from 25 a year ago (at that time suspected ulcer). Globulins high (5.6), WBC showed mild increase, neutrophils and lymphocytes both up.

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 4.6 cm, right measured 4.8 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.

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 0.66 cm in width. The right adrenal gland measured 0.4 cm and 0.51 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.



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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.

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. A small amount of fluid is present in the stomach.

Pancreas

The visible sections of the pancreas are of normal size with a hypoechoic appearance and an irregular capsule. Hyperechoic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the GI tract appears ultrasonographically normal, with the chronic history of vomiting and diarrhea underlying enteropathy such as parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease.

Initial assessment would be CPL/PSL assay and once the pancreatitis has been resolved then further assessment would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

Initial management of the pancreatitis would be fluid therapy correction of electrolyte anomalies, antiemetics, analgesics and feeding small frequent meals of a low fat intestinal type diet.



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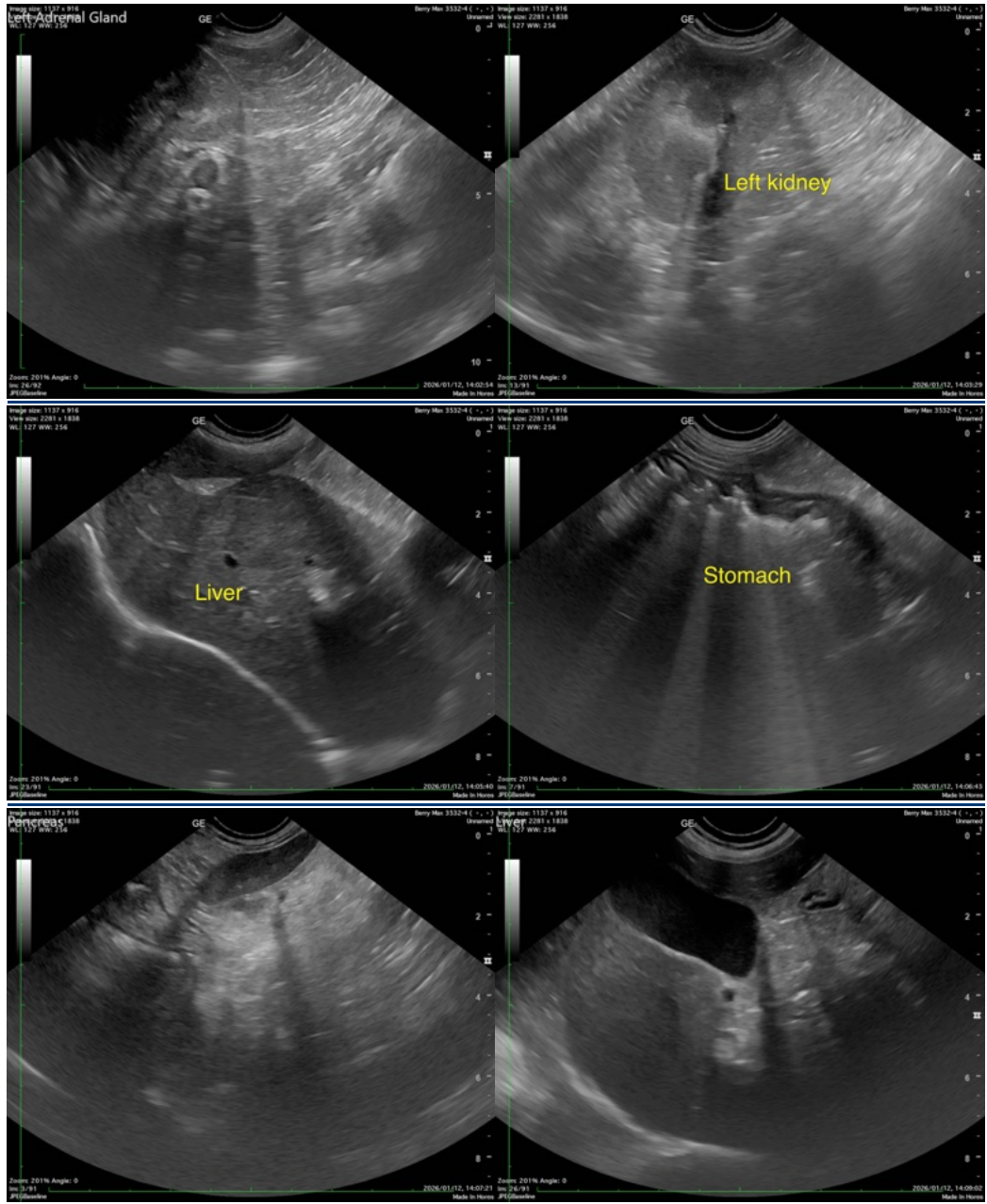
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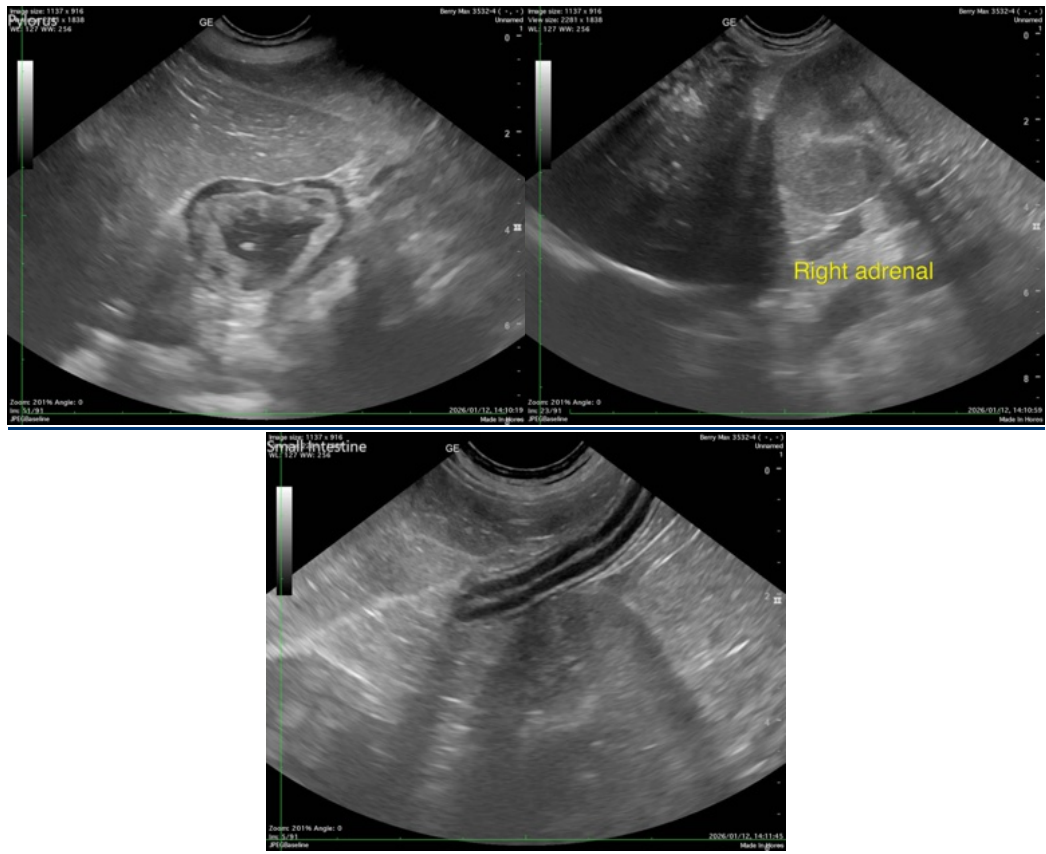
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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