



PATIENT

Apollo Groth

SPECIES

Canine

BREED

Jack Russel Terrier

SEX

Neutered male

AGE

3 years

WEIGHT

23.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Patrick Hennigan

HOSPITAL NAME

Mattydale AH

REFERRING VET

Dr. Hennigan

INVOICE

70177

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: Presented December 8th 2025 for vomiting bile, lethargy and decreased appetite. Patient has had off and on vomiting and diarrhea with inappetence and lethargy since September 2025. Has resolved with bland diet and sometimes Cerenia and Flagyl. Started on omeprazole at this appointment. Owners wished to work up at this point. PE unremarkable. Started R/C HP diet. Patient re-presented Jan 12th for vomiting and not eating. Rads revealed subjectively thickened loops of SI. No obv FB or obstruction. Tx with Cerenia and Forti Flora. Cortisol normal at 6.5. Set up AUS. Abnormal PE/Chem/CBC/UA Results: CBC/Chem/TT4 - wnl. TLI/PLI/folate all normal. Cobalamin low at 234 (251-908). Cortisol - 6.5 (1.0-5.0)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 5.0 cm, right measured 5.6 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.

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 0.45 cm in width. The right adrenal gland measured 0.58 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 2.5 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.

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

On this ultrasound there is no obvious etiology for the presenting clinical signs.

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

Further assessment would be fecal analysis and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered would be to continue with the current diet, cobalamin supplementation, course of Fenbendazole and if there is still not a satisfactory improvement, then a course of Prednisolone would then be indicated.



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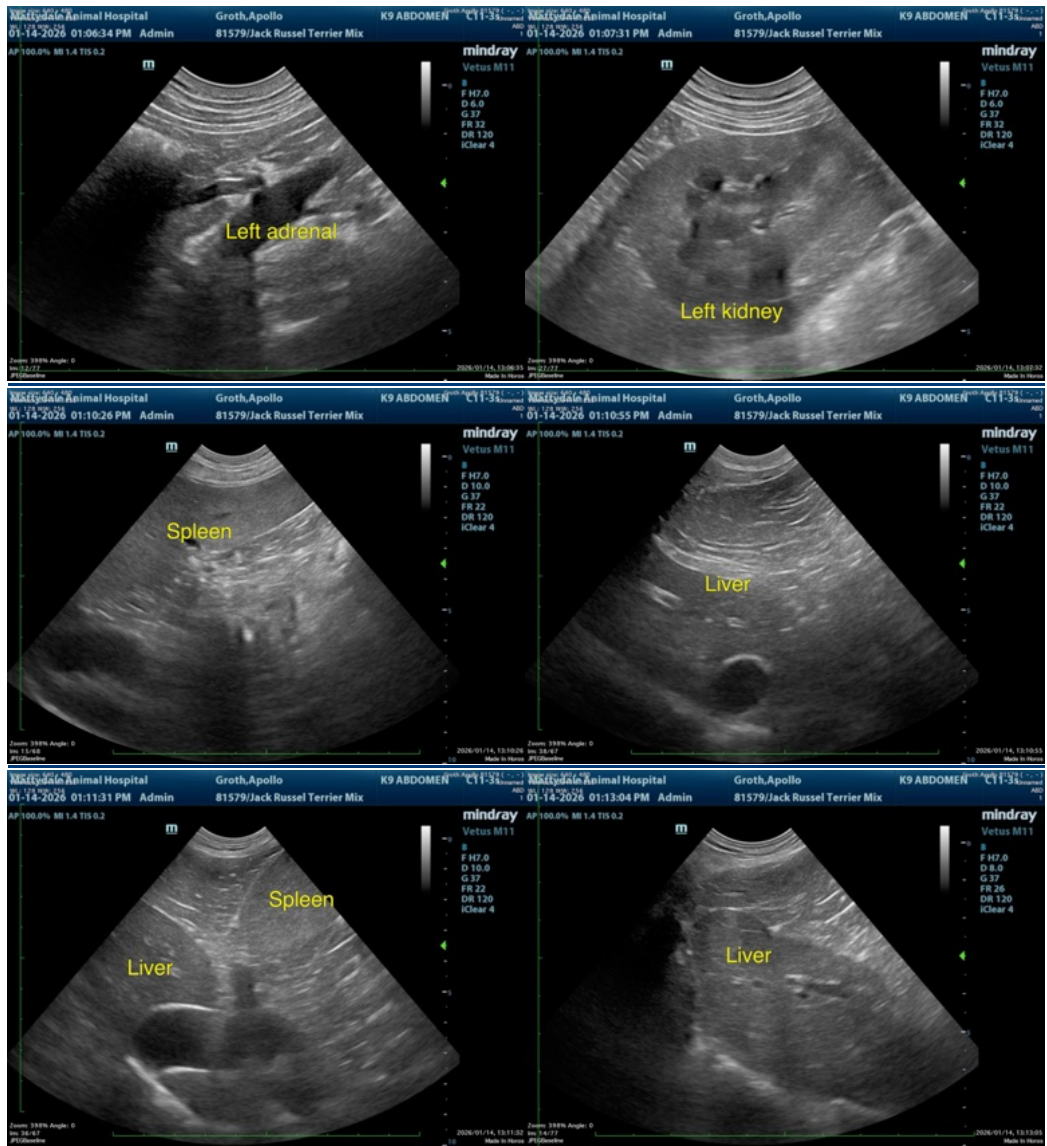
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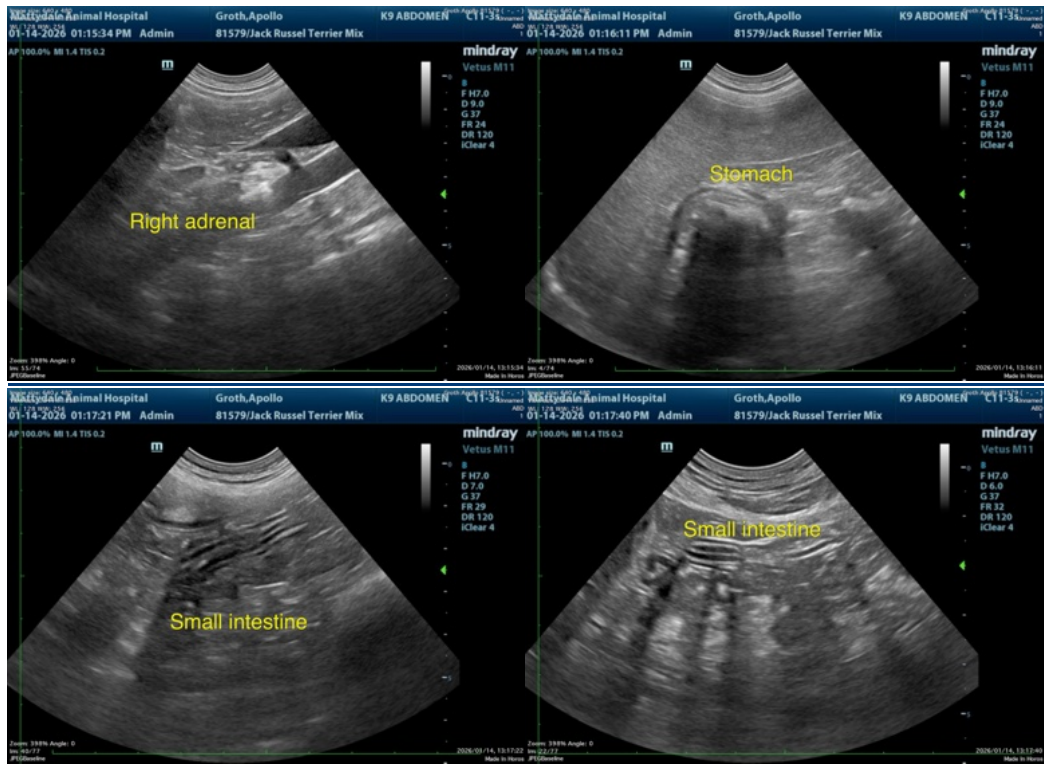
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com