



PATIENT

Josie Talbott

SPECIES

Canine

BREED

Jack Russel Terrier

SEX

Spayed female

AGE

13 years

WEIGHT

14.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York VS

REFERRING VET

Dr. Kinsella

INVOICE

70187

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Josie presents for lethargy, diarrhea, abdominal pain, and inappetence. The owner reports the diarrhea began on Sunday and has gradually progressed. She has been inappetent for 2 days and is lethargic at home. Vomiting began on Saturday. On Sunday she vomited phlegm, and on Monday night she vomited rice. She was seen at the emergency clinic on Tuesday, where she was noted to be dehydrated and was given a fluid injection and medications. She is reportedly difficult to medicate. She is still drinking water, though less than normal, and is able to hold it down. She is urinating. She had a small amount of diarrhea this morning. On Saturday, she was fed a new food (beef and gravy). She does not have a history of dietary indiscretion or eating foreign objects. MEDICATIONS: Cerenia Buprenorphine Gabapentin TGH Metronidazole Provable paste Abnormal PE/Chem/CBC/UA Results: All WNL per RDVM

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 3.7 cm, right measured 4.2 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.83 cm in length x 0.76 cm and 0.63 cm in width. The right adrenal gland measured 1.62 cm in length x 0.74 cm and 0.71 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 1.2 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 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, 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. Normal thickness of the small intestine with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio with decreased peristaltic activity and no distension of the lumen. Hyperechogenic appearance of the mesentery surrounding the cranial aspects of the small intestine. A small amount of fluid is present in the stomach.

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

Focal, enlarged mesenteric lymph node in the cranial abdomen measuring 0.8 x 1.4 cm maintaining a normal shape and echogenic appearance.

The rest of the mesenteric lymph nodes appear normal.

No ascites evident.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the enteropathy would be non-specific gastroenteritis such as dietary indiscretion, toxins and viral although the visible section of the pancreas appear ultrasonographically normal, pancreatitis would be an important differential diagnosis.



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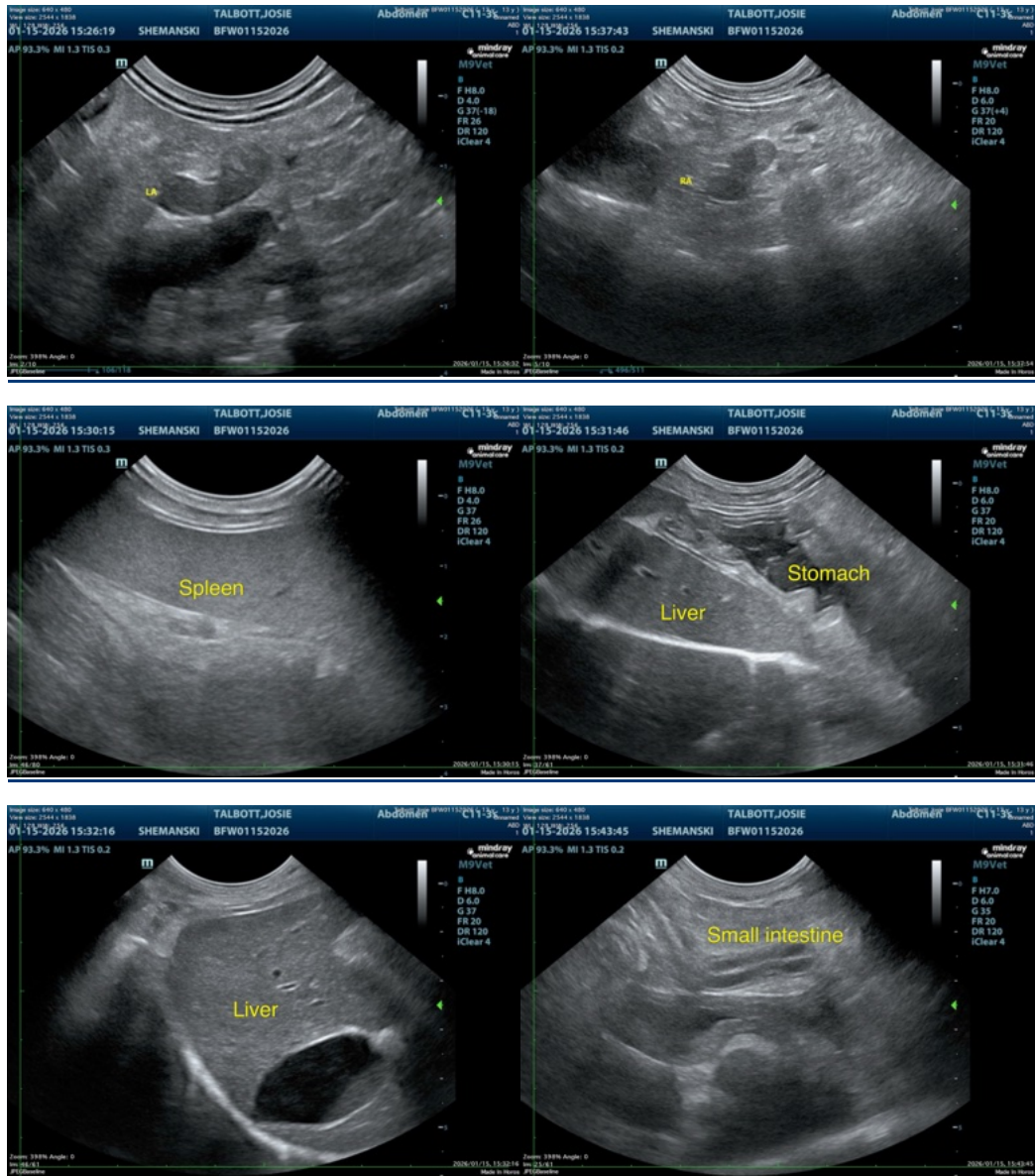
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On this ultrasound there is no obvious evidence of a gastrointestinal foreign body.

Further assessment would be CPL/PSL assay.

Management would be to continue with the current therapy and to correct any dehydration or electrolyte anomalies if present.





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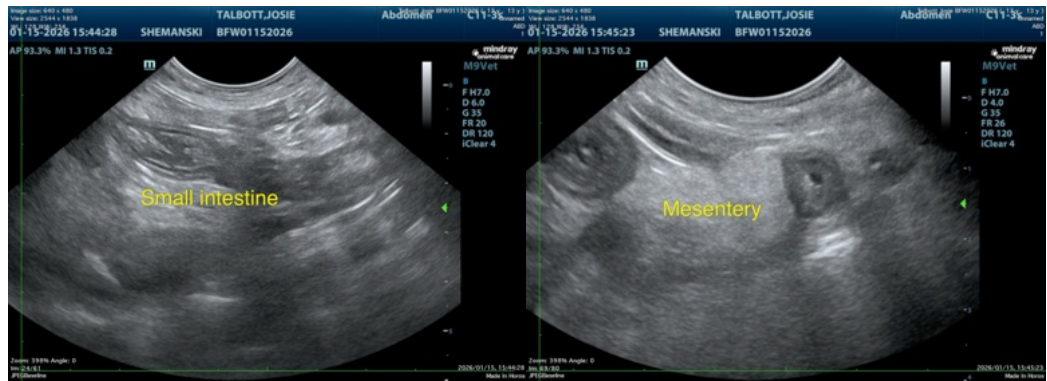
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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