



## PATIENT

Nugget Dupree

## SPECIES

Canine

## BREED

Greyhound Mix

## SEX

Neutered male

## AGE

9 years

## WEIGHT

30.8 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. VanNieuwal

## HOSPITAL NAME

Animal Emergency  
Hospital Volusia

## REFERRING VET

Dr. VanNieuwal

## INVOICE

70246

## DATE

1/19/26

## PRESENTING CLINICAL SIGNS

Patient presented for not eating/drinking for the last two days. No vomiting or diarrhea, overall just lethargic and NAR. December 2nd patient started 14 days of quellin and had radiographs of legs. Patient is not wanting to walk.

CBC- L: HCT 21.8, HGB 6.2, RBC 2.79, MCHC 28.4. H: MCV 78.2, RET# 142.0, RET% 5.09.

Chemistry- L: Ca 8.8. H: GLOB 3.9, ALP 192, TBIL 1.0 EPOC- L: pCO2 19.5, HCO3-act 11.0, mTCO2 10.5, BE(ecf) -14.4, Hct 17. Lepto Snap positive. APTT 121.2(H). Urinalysis: occ rbc/wbc, tntc cocci/struvite, table top sample, sg 1.044, orange/cloudy, pro ++, ph 8

Rads: The gastric contents are unexpected given the history. Otherwise unremarkable abdomen. This report was finalized by Valerie Sadler DVM, DACVR at 11:15 AM Eastern Time on 01/19/2026

## 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 5.2 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.

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 0.46 cm and 0.5 cm in width. The right adrenal gland measured 0.57 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 2.2 cm in width.



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## *Liver*

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

## *Gallbladder*

The gallbladder is small 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 gas is present within the stomach. Fecal material is present within the colon.

## *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.

With the presence of a strong regenerative anemia and bilirubinuria, immune mediated hemolytic anemia should be considered.

A possible differential diagnosis would be GI tract ulceration secondary to the NSAIDs therapy.

Specific therapy would be dependent on an etiological diagnosis.



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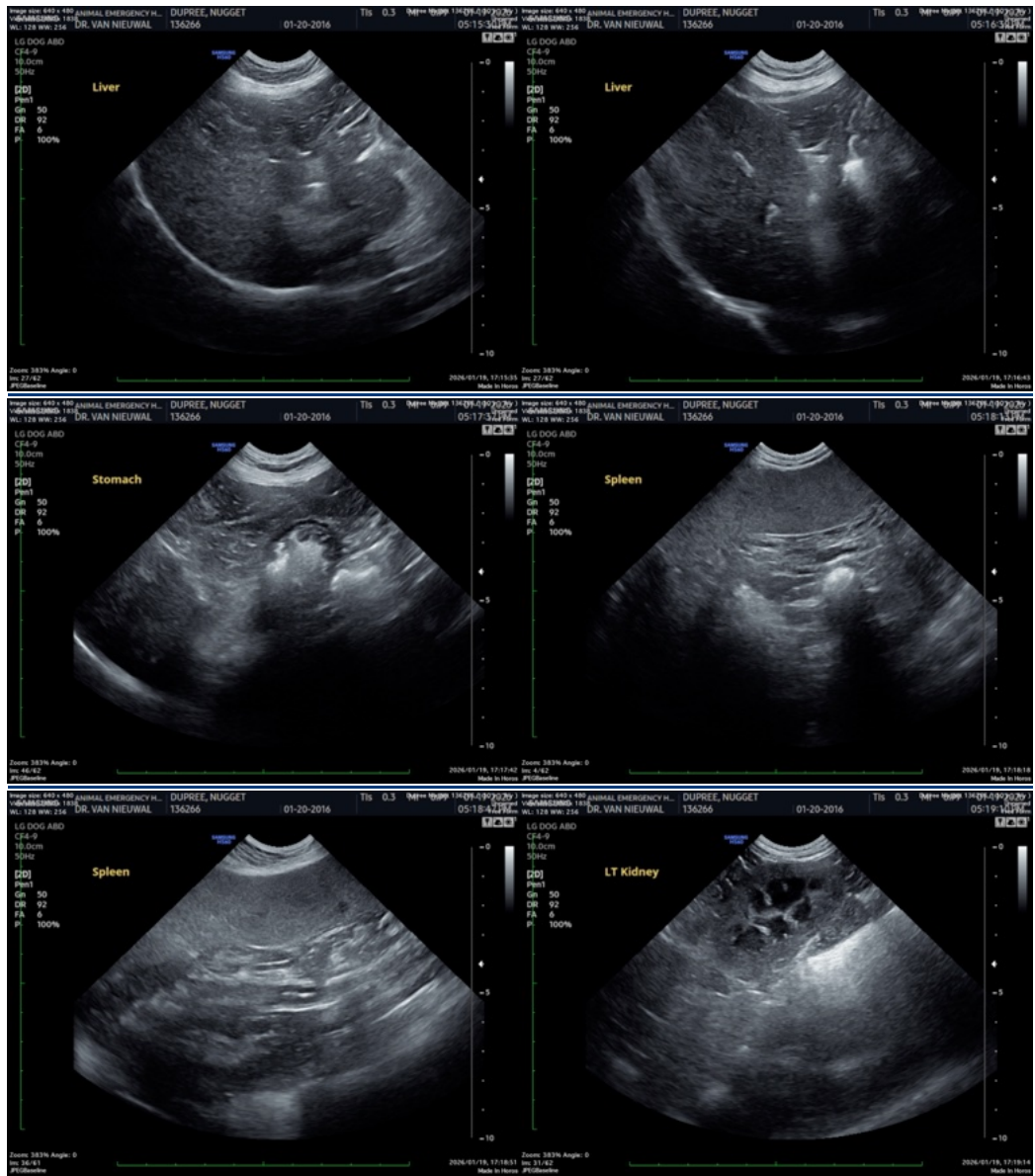
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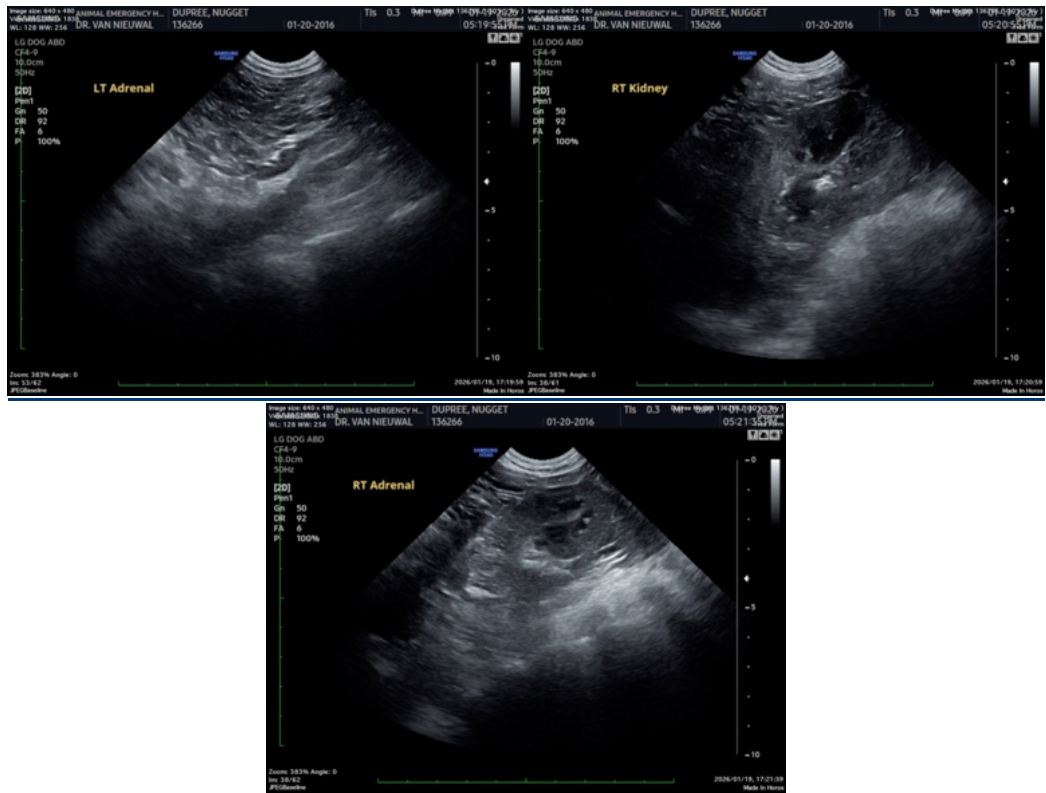
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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